| Case 16-15041 Doc 1 Fill in this information to identify your case: |   | Entered 05/02/16 16:53:32<br>age 1 of 76 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| About Debtor 1:  1. Your full name    Estella   First name   |           |
|--|-----------|
| First name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture identification to your meeting with the trustee.  Suffix (Sr., Jr., II, III)  Zuffix (Sr., Jr., II, III)  First name  First name  Middle name  Last name  Suffix (Sr., Jr., II, III)  First name  First name | it Case): |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture identification to your meeting with the trustee.  Middle name  Middle name  Last name  Last name  Suffix (Sr., Jr., II, III)  Suffix (Sr., Jr., II, III)  First name  First name   |           |
| picture identification (for example, your driver's license or passport  Bring your picture identification to your meeting with the trustee.  2. All other names you have used in the last  Middle name  Middle name  Last name  Suffix (Sr., Jr., II, III)  First name  First name   |           |
| license or passport  Bring your picture identification to your meeting with the trustee.  2. All other names you have used in the last  Tast name  Last name  Suffix (Sr., Jr., II, III)  First name  First name   |           |
| identification to your meeting with the trustee.  Suffix (Sr., Jr., II, III)  Suffix (Sr., Jr., II, III)  Suffix (Sr., Jr., II, III)  First name  First name   |           |
| have used in the last First name First name  |           |
| have used in the last First name First name  |           |
|  |           |
| 8 years  Middle name  Middle name  |           |
| Include your married or maiden names.  |           |
| Last name Last name  |           |
| First name First name  |           |
| Middle name Middle name  |           |
| Last name Last name  |           |
| 3. Only the last 4 digits XXX - XX- 9862 XXX - XX-   |           |
| Security number or OR OR   |           |
| federal Individual 9 xx - xx-  Taxpayer  Identification number (ITIN)  | -         |

Estella Case 16-15041 Doc 1 Filed 05 (02/16) Entered 05/02/16 16:53:32 Desc Main Debtor 1 Page 2 of 76 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 1205 Tuscany Drive Number Number Street Street Streamwood 60107 Illinois Zip Code City State City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Estella Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 (1/6):53:32 Desc Main Docume Docume Plage 3 of 76

Page 3 of 76 Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or District Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

Estella Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main Page 4 of 76 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent

repairs?

State

City

Zip Code

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Explain Your Efforts to Receive a Briefing About Credit Counseling

## **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone. If you believe you are not required to receive a briefing about If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit credit counseling, you must file a motion for waiver of credit

counseling with the court.

counseling with the court.

Doc 1 Filed 05#02/16 Entered 05/02/16 /16:53:32 Desc Main Page 6 of 76 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your **✓** \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Estella Bunton Signature of Debtor 2 Signature of Debtor 1 Executed on 5/2/2016 Executed on MM / DD / YYYY MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| prrect.  | •        |      |                         |                          |
|--|----------|------|-------------------------|--------------------------|
| /s/ Yisroel Moskovits Signature of Attorney for Debtor |          | Date | 5/2/2016<br>MM / DD / Y | YYY                      |
| Yisroel Y Moskovits Printed name                       |          |      |                         |                          |
| Semrad Law Firm  |          |      |                         |                          |
| Firm name  |          |      |                         |                          |
| 10 N. Martingale Road                                  |          |      |                         |                          |
| Street   |          |      |                         |                          |
| Suite 400  |          |      |                         |                          |
| Schaumburg   | Illinois |      |                         | 60173                    |
| City   | State    |      |                         | Zip Code                 |
| Contact phone  |          | E    | mail address            | imoskovits@semradlaw.com |
|  |          | II   | linois                  |                          |
| Bar number   |          | S    | state                   |                          |

Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main Fill in this information to identify your case: Debtor 1 Estella **Bunton** First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$186,667.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$8,528.05 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$195,195.05 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$206,901.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$4,007.30 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$53,720,63 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$264,628.93 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$4,497.33

Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$3,852.00

Debtor 1 Estella Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 @653:32 Desc Main

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| Pai  | Answer These Questions for Administrative and Statistical Records   |                                    |            |  |  |  |  |  |  |
|------|---|------------------------------------|------------|--|--|--|--|--|--|
| 6. / | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the Yes.  | e court with your other schedules. |            |  |  |  |  |  |  |
| 7. \ | <ul> <li>What kind of debt do you have?</li> <li>✓ Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.</li> <li>✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> </ul> |                                    |            |  |  |  |  |  |  |
| 8.   | From the Statement of Your Current Monthly Income: Copy your total current monthly income Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  | e from Official                    | \$6,873.45 |  |  |  |  |  |  |
| 9.   | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following:   | Total claim                        |            |  |  |  |  |  |  |
|      | <ul><li>9a. Domestic support obligations (Copy line 6a.)</li><li>9b. Taxes and certain other debts you owe the government. (Copy line 6b.)</li><li>9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)</li></ul>  | \$0.00<br>\$4,007.30<br>\$0.00     |            |  |  |  |  |  |  |
|      | 9d. Student loans. (Copy line 6f.)  9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)  | \$0.00<br>\$0.00                   |            |  |  |  |  |  |  |
|      | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$0.00                             |            |  |  |  |  |  |  |

\$4,007.30

9g. Total. Add lines 9a through 9f.

|  | Case 16-15041  | Doc 1   | Filed 05/02/16   | Entered 05/02/16  | 16:53:32                                | Desc Main   |
|--|--|---|--|---|---|---|
| Fill in this                               | information to identify your case  |   |  |   | _                                       |   |
| Debtor 1                                   | Estella  |   | Bunto  | on  |   |   |
|  | First Name   | Middle  | Name Last I  | Name  |   |   |
| Debtor 2                                   |  |   |  |   |   |   |
| (Spouse,                                   | if filing) First Name  | Middle  | Name Last I  | Name  |   |   |
| United St                                  | tates Bankruptcy Court for the:  | Northern  | District of I  | Illinois<br>(State)   |   |   |
| Case nun                                   |  |   |  |   |   |   |
| (If known)                                 |  |   |  |   |   | Chook if this is an   |
| Officia                                    | al Form 106A/B   |   |  |   |   | Check if this is an amended filing                                  |
| 3che                                       | dule A/B: Prope  | rty   |  |   |   | 12/   |
| ategory vesponsik<br>rrite your<br>Part 1: | ategory, separately list and des where you think it fits best. Be ble for supplying correct informame and case number (if known bescribe Each Resident | e as complete and<br>mation. If more s<br>own). Answer eve<br>ce, Building, I | d accurate as possible.<br>pace is needed, attach<br>ery question.<br>Land, or Other Rea | If two married people are filir<br>a separate sheet to this form<br>al Estate You Own or Ha | ng together, both<br>n. On the top of a | are equally<br>ny additional pages,                                 |
| 1. Do yo                                   | u own or have any legal or equ<br>No. Go to Part 2   | utable interest in  | any residence, building  | g, land, or similar property?   |   |   |
| 片  | Yes. Where is the property?  |   |  |   |   |   |
| ✓  | res. Where is the property?  |   | What is the property   | 2 Chack all that apply  | Do not doduct so                        | cured claims or exemptions. Put                                     |
| 1.1  |  |   | Single-family home   |   | the amount of any                       | y secured claims on <i>Schedule D:</i>                              |
|  | Street address, if available, or of 1205 Tuscany D   |   | Duplex or multi-un   |   | Creditors Who H                         | lave Claims Secured by Property.                                    |
|  | Number Street  | ilve  | Condominium or c   | · ·   | Current value o                         |   |
|  |  |   | <ul> <li>Manufactured or m</li> </ul>  | nobile home   | entire property?<br>\$186667.00         | ? portion you own?<br>\$186667.00                                   |
|  | Streamwood Illinois  | 60107   | Land   |   |   |   |
|  | City State   | Zip Code  | Investment propert   | у   |   | ture of your ownership<br>s fee simple, tenancy by                  |
|  | Cook   |   | Timeshare  |   | the entireties, o                       | r a life estate), if known.   |
|  | County   |   | Other  |   |   |   |
|  |  |   |  | in the property? Check one.   |   | s is community property   |
|  |  |   | Debtor 1 only  |   | (see instruc                            | tions)  |
|  |  |   | Debtor 2 only  |   |   |   |
|  |  |   | Debtor 1 and Debt  | or 2 only   |   |   |
|  |  |   | _  | debtors and another   |   |   |
|  |  |   | Other information yo<br>property identification  | ou wish to add about this iten  | n, such as local                        |   |
| If you                                     | own or have more than one, list h  | ere:  | , ,  | <u></u>   |   |   |
| •  | ·  |   | What is the property   | /? Check all that apply.  |   | cured claims or exemptions. Put                                     |
| 1.2  | Street address, if available, or o   | other description   | Single-family home   | е   |   | y secured claims on Schedule D:<br>lave Claims Secured by Property. |
|  | Street address, if available, or t   | other description   | Duplex or multi-un   | it building   |   |   |
|  |  |   | Condominium or c   | •   | Current value of entire property?       |   |
|  |  |   | Manufactured or m  | nobile home   |   |   |
|  | Number Street  |   | Land   |   | Describe the no                         | ture of your ownership  |
|  | TIGHTDOI OTIOCE  |   | Investment propert   | у   | interest (such a                        | s fee simple, tenancy by  |
|  | City State   | Zip Code  | Timeshare Other  |   | the entireties, o                       | r a life estate), if known.   |
|  | Only State   | Zip Oode  |  |   | -                                       |   |
|  |  |   | Who has an interest  | in the property? Check one.   |   | s is community property   |
|  |  |   | Debtor 1 only  |   | (see instruc                            | xions)  |
|  |  |   | Debtor 2 only  |   |   |   |
|  |  |   | Debtor 1 and Debt  | •   |   |   |
|  |  |   | At least one of the  | debtors and another   |   |   |

Other information you wish to add about this item, such as local property identification number:

| Debtor 1    |  | 41 Doc 1  | Filed 05/02/16 Entered 05/02/16   | @166.653: <u>32 Des</u>   | sc Main  |
|-------------|--|---|---|---|--|
| 1.3<br>Stre | First Name eet address, if available, or oth                               |   | Documative Page 11 of 76  //hat is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | the amount of any secur   | claims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own?              |
| Nur         | mber Street y State  | Zip Code  | Land Investment property Timeshare Other  | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by  |
|             |  |   | The has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another ther information you wish to add about this item, so reperty identification number: | (see instructions)  | ommunity property  |
|             |  |   | of your entries from Part 1, including any entries fo   | 100   | 667.00   |
| Do you ov   | hat someone else drives. If you<br>ans, trucks, tractors, sport utili<br>o | <b>equitable interest in a</b><br>u lease a vehicle, also r | any vehicles, whether they are registered or not? Increport it on Schedule G: Executory Contracts and Unexpes   |   |  |
|             | Make Model: Year: Approximate mileage: Other information:                  | Hyundai<br>Elantra<br>2012<br>94000                         | Who has an interest in the property? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)                        | the amount of any secu  | claims or exemptions. Put red claims on Schedule D: laims Secured by Property.  Current value of the portion you own?  \$6535.00 |
| 3.2         | Make Model: Year: Approximate mileage: Other information:                  |   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  | the amount of any secu  | claims or exemptions. Put red claims on Schedule D: laims Secured by Property.  Current value of the portion you own?            |

| Debtor 1    | Estella Case 16-15041 Doc 1 | Filed 05/02/16 Entered 05/02/16                            | 6/4 <b>6</b> √53: <u>32 Des</u>                       | c Main                         |  |
|-------------|-----------------------------|--|---|--------------------------------|--|
|             | First Name Middle Name      | Document Page 12 of 76                                     | 5   |                                |  |
| 3.3         | Make Model:                 | Who has an interest in the property? Check one.            | Do not deduct secured cla<br>the amount of any secure |                                |  |
|             | Year:                       | Debtor 1 only  | · ·   | ims Secured by Property.       |  |
|             | Approximate mileage:        |  | ordanord rimo riaro dia                               | inic decarda by risporty.      |  |
|             | ··· <u></u>                 | Debtor 2 only  | Current value of the                                  | Current value of the           |  |
|             | Other information:          | Debtor 1 and Debtor 2 only                                 | entire property?                                      | portion you own?               |  |
|             |                             | At least one of the debtors and another                    |   |                                |  |
|             |                             | Check if this is community property (see instructions)     |   |                                |  |
| 3.4         | Make                        | Who has an interest in the property? Check                 | Do not deduct secured cla                             |                                |  |
|             | Model:                      | one.   | the amount of any secure                              |                                |  |
|             | Year: Approximate mileage:  | Debtor 1 only  | Creditors Who have Cla                                | ve Claims Secured by Property. |  |
|             | Approximate mileage.        | Debtor 2 only  | Current value of the                                  | Current value of the           |  |
|             | Other information:          | Debtor 1 and Debtor 2 only                                 | entire property?                                      | portion you own?               |  |
|             |                             | At least one of the debtors and another                    |   |                                |  |
|             |                             | Check if this is community property (see instructions)     |   |                                |  |
| <b>4.</b> 1 | Yes<br>Make                 | Who has an interest in the property? Check                 | Do not deduct secured cla                             | aims or exemptions. Put        |  |
| 4.1         | Make                        | Who has an interest in the property? Check                 | Do not deduct secured cla                             | aims or exemptions. Put        |  |
|             | Model:                      | one.   | the amount of any secure                              |                                |  |
|             | Year: Approximate mileage:  | Debtor 1 only  | Creditors vvrio mave Cia                              | ims Secured by Property.       |  |
|             | Approximate mileage.        | Debtor 2 only  | Current value of the                                  | Current value of the           |  |
|             | Other information:          | Debtor 1 and Debtor 2 only                                 | entire property?                                      | portion you own?               |  |
|             |                             | At least one of the debtors and another                    |   |                                |  |
|             |                             | Check if this is community property (see instructions)     |   |                                |  |
| 4.2         | Make                        | Who has an interest in the property? Check                 | Do not deduct secured cla                             | •                              |  |
|             | Model:                      | one.   | the amount of any secure                              |                                |  |
|             | Year: Approximate mileage:  | Debtor 1 only  | Creditors vvno Have Cia                               | ims Secured by Property.       |  |
|             | Approximate mileage.        | Debtor 2 only  | Current value of the                                  | Current value of the           |  |
|             | Other information:          | Debtor 1 and Debtor 2 only                                 | entire property?                                      | portion you own?               |  |
|             |                             | At least one of the debtors and another                    | <del></del>   |                                |  |
|             |                             | Check if this is community property (see instructions)     |   |                                |  |
|             |                             |  |   |                                |  |
|             | • •                         | all of your entries from Part 2, including any entries tre |   | 35.00                          |  |

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**Describe Your Personal and Household Items** 

| D        | o you own or ha                              | ve any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|----------|--|---|--|
| 6        | . Household goods                            | and furnishings   |  |
|          | Examples: Major appl                         | iances, furniture, linens, china, kitchenware   |  |
|          | No   |   |  |
| <b>✓</b> | Yes. Describe                                | couch love seat, recliner, dinning room set, kitchen set, X2 beds   | \$700.00   |
|          |  | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music   |  |
| H        | No   |   |  |
| ✓        | Yes. Describe                                | dell desktop, dell/vile/gateway laptops, computer   | \$250.00   |
|          | . Collectibles of value                      | 10  |  |
|          |  | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;  |  |
|          |  | n, or baseball card collections; other collections, memorabilia, collectibles   |  |
| <b>✓</b> | No   |   |  |
| Ħ        | Yes. Describe                                |   |  |
| Н        | Too. Describe                                |   |  |
|          |  | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments |  |
|          | No   |   |  |
| <b>✓</b> | Yes. Describe                                | weights and bench   | \$75.00  |
|          |  | es, shotguns, ammunition, and related equipment   |  |
|          | Yes. Describe                                |   |  |
|          | 1. Clothes<br>Examples: Everyday o           | clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| ✓        | Yes. Describe                                | clothing  | \$200.00   |
|          |  |   |  |
|          | 2. Jewelry Examples: Everyday je gold, silve | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r  |  |
| Ш        | No   |   |  |
| ✓        | Yes. Describe                                | wedding band  | \$250.00   |
|          | 3. Non-farm animals Examples: Dogs, cats     |   |  |
|          |  | , bildo, Horoco   |  |
| 烂        | No<br>No                                     |   |  |
| Ш        | Yes. Describe                                |   | <u> </u>   |
| 1        | 4. Any other person                          | al and household items you did not already list, including any health aids you did not list   |  |
|          | No .   |   |  |
| Ö        | Yes. Describe                                |   |  |
| 4        | 5 Add the deller ve                          | up of all of your entries from Part 2, including any entries for pages you have attached  |  |
|          |  | lue of all of your entries from Part 3, including any entries for pages you have attached number here   | <u>\$1475.00</u>   |

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**Describe Your Financial Assets** 

| Do  | you own or have a                               | iny legal or equitable inte                                    | erest in any of the following   | ?                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-----|---|--|---|------------------------------|--|
|     | ☐ No  | e in your wallet, in your home, in a s                         | safe deposit box, and on hand when yo   | u file your petition  Cash:  | <b>\$1.00</b>  |
| 17. | -   | =  | certificates of deposit; shares in credi<br>unts with the same institution, list each | t unions, brokerage houses,  |  |
|     | ✓ Yes   |  | Institution name:   |                              |  |
|     |   | 17.1. Checking account:  | Bank of America   |                              | \$3.00   |
|     |   | 17.2. Checking account:  | TCF Bank  |                              | \$460.00   |
|     |   | 17.3. Savings account:   | USECU   |                              | \$15.00  |
|     |   | 17.4. Savings account:   | Bank of America   |                              | \$4.05   |
|     |   | 17.5. Certificates of deposit:                                 |   |                              |  |
|     |   | 17.6. Other financial account:                                 |   |                              |  |
|     |   | 17.7. Other financial account:                                 |   |                              |  |
|     |   | 17.8. Other financial account:                                 |   |                              |  |
|     |   | 17.9. Other financial account:                                 |   |                              | - ,  |
| 18. |   | or publicly traded stocks<br>nvestment accounts with brokerage | e firms, money market accounts  |                              |  |
|     | ✓ No ☐ Yes                                      | Institution or issuer name:                                    |   |                              |  |
|     |   |  |   |                              | -  |
| 19. | an LLC, partnership,                            | •  | ted and unincorporated businesse  | es, including an interest in | _  |
|     | ✓ No  Yes. Give specific information about them | Name of entity   |   | % of ownership:              |  |
|     |   | -  |   |                              |  |

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|-----|---|--|--|---|--------------------------|--|
|     | First Name                                | Middle Name  | Document not be a second of the contract of th | Page 15 of 76   |                          |  |
| 20. | Negotiable instruments                    | porate bonds and other no<br>include personal checks, cas<br>ents are those you cannot tra | shiers' checks, promissory r   | notes, and money orders.                                  |                          |  |
|     | Yes. Give specific information about them | Issuer name:   |  |   |                          |  |
|     |   |  |  |   |                          |  |
| 21. | Examples: Interests in I                  |  | 403(b), thrift savings accou   | nts, or other pension or profit-sharin                    | g plans                  |  |
|     | ✓ No  Yes. List each                      | Type of account:   | Institution name:  |   |                          |  |
|     | account separately.                       | 401(k) or similar plan:  |  |   |                          |  |
|     |   | Pension plan:  |  |   |                          |  |
|     |   | IRA:   |  |   |                          |  |
|     |   | Retirement account:  |  |   |                          |  |
|     |   | Keogh:   |  |   |                          |  |
|     |   | Additional account:  |  |   |                          |  |
|     |   | Additional account:  |  |   |                          |  |
| 22. | Your share of all unused                  | l deposits you have made so t  |  | ce or use from a company<br>s, water), telecommunications |                          |  |
|     | Yes                                       |  | Institution name:  |   |                          |  |
|     | 100                                       | Electric:  |  |   |                          |  |
|     |   | Gas:   |  |   |                          |  |
|     |   | Heating oil:   |  |   |                          |  |
|     |   | Security deposit on rental   | unit:  |   |                          |  |
|     |   | Prepaid rent:  |  |   |                          |  |
|     |   | Telephone:   |  |   |                          |  |
|     |   | Water:   |  |   |                          |  |
|     |   | Rented furniture:  |  |   |                          |  |
|     |   | Other:   |  |   |                          |  |
| 23. | Annuities (A contract for No              | or a periodic payment of mon   | ney to you, either for life or fo  | r a number of years)                                      |                          |  |
|     | Yes                                       | Issuer name and descripti  | ion:   |   |                          |  |
|     |   |  |  |   |                          |  |
|     |   |  |  |   |                          |  |

| Debte | or 1     | Estella Ca<br>First Name                      | ase 1                      | <u> 15041</u>  | Doc 1  Middle Name                   |              | 05#02/16                           | Entered<br>Page 16 c             | <b>05/02/16</b> /1/6/53: <u>32</u><br>f 76       | De            | esc Main  |
|-------|----------|---|----------------------------|--|--------------------------------------|--------------|------------------------------------|----------------------------------|--|---------------|---|
| 24.   |          |   |                            | <b>ation IRA, in</b><br>I), 529A(b), ar                    |                                      | a qualified  | d ABLE progra                      | m, or under a q                  | ualified state tuition progran                   | n.            |   |
|       |          | No<br>Yes                                     | Institut                   | ion name and   | description. Sep                     | arately file | the records of a                   | ny interests.11 U                | .S.C. § 521(c):                                  |               |   |
| 25.   | ехе      | sts, equita<br>rcisable fo<br>No<br>Yes. Desc | r your                     |  | sts in property                      | (other tha   | an anything lis                    | ted in line 1), ar               | d rights or powers                               |               |   |
| 26.   | Еха      | ents, copy                                    | <b>rrights,</b><br>rnet do |  |                                      |              | intellectual proyalties and licens | <b>operty</b><br>sing agreements |  |               |   |
| 27.   | Еха      |   | ding pe                    |  | general intangil<br>ve licenses, coo |              | ssociation holdin                  | gs, liquor license               | es, professional licenses                        |               |   |
| Mon   | iey (    | or prope                                      | erty o                     | wed to you   | 1?                                   |              |                                    |                                  |  | <b>p</b><br>D | current value of the ortion you own? o not deduct secured aims or exemptions. |
| 28.   | <b>✓</b> | Yes. Give s<br>about<br>you a                 | specific<br>them, i        | information<br>including whet<br>filed the returns<br>ears |                                      |              |                                    |                                  | Federal: State: Local:                           |               |   |
|       | Exan     | <b>ily suppor</b><br>nples: Past<br>No        |                            | lump sum alim  | nony, spousal sup                    | oport, child | support, mainte                    | nance, divorce se                | ettlement, property settlement                   |               |   |
|       | Ħ        |   | specific                   | information  |                                      |              |                                    |                                  | Alimony:  Maintenance: Support: Divorce settleme |               |   |
|       | Exan     | <i>nples:</i> Unpa                            | aid wag<br>al Secu         | -  |                                      |              | -                                  | pay, vacation pay                | workers' compensation,                           |               |   |

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|------|--------|---|-------------------|----------------------|-------------------|----------------|------------------|-------------------|-------------------------|-------------------|---|
| 31.  |        | rests in insurance  <br>mples: Health, disabi   |                   | rance; health        |                   |                | Ū                |                   | r's insurance           |                   |   |
|      |        | No<br>Yes. Name the insur<br>of each policy and lis                                       | . ,               |                      | Company name      | x:             |                  |                   | Beneficiary:            |                   | Surrender or refund value:  |
| 32.  | If you | interest in propert<br>u are the beneficiary<br>erty because someo<br>No<br>Yes. Describe | of a living trust |                      |                   |                | policy, or are   | currently entitle | ed to receive           |                   |   |
| 33.  |        | ms against third pa<br>mples: Accidents, em   |                   |                      |                   |                | ade a dema       | nd for payme      | nt                      |                   |   |
|      |        | No<br>Yes. Describe   |                   |                      |                   |                |                  |                   |                         |                   |   |
| 34.  |        | er contingent and<br>et off claims  | unliquidated      | claims of e          | ery nature, in    | cluding co     | unterclaims      | of the debtor     | and rights              |                   |   |
|      |        | No<br>Yes. Describe   |                   |                      |                   |                |                  |                   |                         |                   |   |
| 35.  | _      | financial assets yo   | u did not alre    | ady list             |                   |                |                  |                   |                         |                   |   |
|      |        | Yes. Describe   |                   |                      |                   |                |                  |                   |                         | -                 |   |
| 36.  |        | the dollar value of<br>Part 4. Write that nu  | -                 |                      |                   |                |                  | -                 |                         |                   | \$483.05  |
| Part | 5:     | Describe Any B  | susiness-R        | elated Pro           | perty You (       | Own or Ha      | ave an Int       | erest In. Li      | st any real estat       | e in P            | art 1.  |
| 37.  | Do y   | ou own or have an   | ıy legal or equ   | uitable intere       | est in any busi   | ness-relate    | d property?      |                   |                         |                   |   |
|      |        | No. Go to Part 6.<br>Yes. Go to line 38.  |                   |                      |                   |                |                  |                   |                         | <b>po</b> i<br>Do | rrent value of the<br>rtion you own?<br>not deduct secured claims<br>exemptions |
| 38.  | _      | ounts receivable or   | commissions       | s you alread         | y earned          |                |                  |                   |                         | OI C              |   |
|      | =      | Yes. Describe   |                   |                      |                   |                |                  |                   |                         |                   |   |
| 39.  |        | ce equipment, furn<br>nples: Business-rela  |                   |                      | odems, printers   | s, copiers, fa | x machines,      | rugs, telephone   | es, desks, chairs, elec | tronic de         | evices  |
|      |        | No<br>Yes. Describe   |                   |                      |                   |                |                  |                   |                         |                   |   |

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|--------------|----------|--------------------------------|-------------------|-------------------|------------------------------|------------------------------|--|-----------------------------------|----------|
| 40.          | Mac      | hinery, fixtures, eq           | uipment, sup      | plies you us      | se in business, and tools    | s of your trade              |  |                                   |          |
|              | <b>✓</b> | No                             |                   |                   |                              |                              |  |                                   |          |
|              |          | Yes. Describe                  |                   |                   |                              |                              |  |                                   |          |
| 41.          | Inve     | entory                         |                   |                   |                              |                              |  |                                   |          |
|              | <b>✓</b> | No                             |                   |                   |                              |                              |  |                                   |          |
|              |          | Yes. Describe                  |                   |                   |                              |                              |  |                                   |          |
| 42.          | Inte     | rests in partnershi            | ps or joint ve    | entures           |                              |                              |  | 1                                 |          |
|              | <b>✓</b> |                                |                   |                   |                              |                              |  |                                   |          |
|              |          | Yes. Give specific             |                   |                   | Name of entity:              |                              | % of ownership:  |                                   |          |
|              |          | information about              |                   |                   |                              |                              |  |                                   |          |
|              |          | them                           |                   |                   |                              |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  | <u> </u>                          |          |
| 40.4         |          |                                |                   |                   |                              |                              |  |                                   |          |
| 43. <b>C</b> |          | omer lists, mailing            | lists, or othe    | r compilatio      | ons                          |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  |                                   |          |
|              | Ш        | Yes. Do your lists ind         | clude persona     | lly identifiable  | e information (as defined in | 11 U.S.C. § 101(41A))?       |  |                                   |          |
|              |          | ☐ No                           |                   |                   |                              |                              |  |                                   |          |
|              |          | Yes. Descri                    | be                |                   |                              |                              |  |                                   |          |
| 44           | Δην      | business-related p             | roperty you       | did not alrea     | ndy liet                     |                              |  |                                   |          |
| 44.          | _        |                                | roperty you t     | aid fiot airea    | idy list                     |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  |                                   |          |
|              | _        | Yes. Give specific information |                   |                   |                              |                              |  |                                   |          |
|              |          | miorriadori                    |                   |                   |                              |                              |  |                                   | <u>.</u> |
|              |          |                                |                   |                   |                              |                              |  | <del></del> -                     |          |
|              |          |                                |                   |                   |                              |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  |                                   |          |
|              |          |                                |                   |                   |                              |                              |  | <del></del> , -                   |          |
|              |          |                                | -                 |                   |                              | s for pages you have attacl  |  |                                   |          |
|              |          | Describe Any E                 | arm- and (        | Commorci          | ial Eiching-Palatad I        | Property You Own or I        | Jave an Interest In  | \                                 |          |
| Part         | 6:       | If you own or have an          | interest in farr  | mland, list it ir | n Part 1.                    | Troperty fou Own or i        | iave all iliterest il  |                                   |          |
| 46.          | Do       | you own or have a              | ny legal or eq    | uitable inter     | rest in any farm- or com     | mercial fishing-related prop | erty?  |                                   |          |
|              | <b>✓</b> | No. Go to Part 7.              |                   |                   |                              |                              |  | Current value of portion you own? |          |
|              |          | Yes. Go to line 47.            |                   |                   |                              |                              |  | Do not deduct secu                |          |
|              |          |                                |                   |                   |                              |                              |  | claims<br>or exemptions           |          |
| 47.          | Fari     | m animals                      |                   |                   |                              |                              |  | or evertibinous                   |          |
|              |          | <i>mples:</i> Livestock, pou   | ultry, farm-raise | ed fish           |                              |                              |  |                                   |          |
|              | <b>V</b> | No                             |                   |                   |                              |                              |  |                                   |          |
|              | Ħ        | Yes. Describe                  |                   |                   |                              |                              |  | 1                                 |          |
|              |          |                                |                   |                   |                              |                              |  |                                   | _        |

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|--------------|----------|--|-----------------|----------------------------|--|---------------------------|-------------------|
| 48.          | Cro      | ps-either growing or harvested   | I               | Document                   | 1 age 13 01 70                                   |                           |                   |
|              | <b>✓</b> | No   |                 |                            |  |                           |                   |
|              |          | Yes. Describe  |                 |                            |  | _                         |                   |
| 49.          | Farr     | m and fishing equipment, imple   | ements, machi   | inery, fixtures, and tools | of trade   |                           |                   |
|              | <b>✓</b> | No   |                 |                            |  |                           |                   |
|              |          | Yes. Describe  |                 |                            |  | _                         |                   |
| 50.          | Farı     | m and fishing supplies, chemica  | als, and feed   |                            |  |                           |                   |
|              | <b>✓</b> | No   |                 |                            |  |                           |                   |
|              |          | Yes. Describe  |                 |                            |  | _                         |                   |
| 51.          | Any      | farm- and commercial fishing-r   | elated proper   | ty you did not already lis | st   |                           |                   |
|              | <b>✓</b> | No   |                 |                            |  |                           |                   |
|              |          | Yes. Describe  |                 |                            |  | _                         |                   |
| E2 A         | dd 4h    | e dollar value of all of your entr   | rice from Bort  | 6 including any entries    | for pages you have ettache                       | ٠                         |                   |
|              |          | Write that number here   |                 |                            |  |                           |                   |
|              |          |  |                 |                            |  | ·                         |                   |
| Dord         | 7.       | Decaribe All Drenerty Ver  | Own or He       | ve en Interest in Th       | or Ven Did Net Liet Ab                           |                           |                   |
| Part<br>53.  |          | Describe All Property You<br>you have other property of any least to the pro |                 |                            | iat 100 Did Not List AL                          | jove                      |                   |
|              | Exar     | mples: Season tickets, country club  |                 | •                          |  |                           |                   |
|              | <b>✓</b> | No   |                 |                            |  |                           |                   |
|              |          | Yes. Give specific information   |                 |                            |  |                           |                   |
|              |          |  |                 |                            |  |                           |                   |
|              |          |  |                 |                            |  |                           |                   |
| 54. A        | dd th    | e dollar value of all of your entr   | ies from Part   | 7. Write that number her   | e  | <b>&gt;</b>               |                   |
|              |          |  |                 |                            |  |                           |                   |
| Part         | Ω.       | List the Totals of Each Pa   | rt of this F    | orm                        |  |                           |                   |
|              |          |  |                 |                            |  |                           | \$186667.00       |
| 55. <b>F</b> | Part 1   | : Total real estate, line 2  |                 |                            |  | <b>&gt;</b>               | <u>Ψ100007.00</u> |
| 56. <b>p</b> | oart 2   | total vehicles, line 5   |                 | \$6535.00                  |  |                           |                   |
| 57. <b>P</b> | art 3:   | : Total personal and household   | items, line 15  | \$1475.00                  |  |                           |                   |
| 58. <b>P</b> | art 4:   | : Total financial assets, line 36  |                 | \$483.05                   |  |                           |                   |
| 59. <b>F</b> | Part 5   | : Total business-related proper  | ty, line 45     |                            |  |                           |                   |
| 60. <b>F</b> | Part 6   | : Total farm- and fishing-relate   | d property, lin | e 52                       |  |                           |                   |
| 61. <b>F</b> | Part 7   | : Total other property not listed  | I, line 54      |                            |  |                           |                   |
| 62. 1        | Total    | personal property. Add lines 56 t  | hrough 61       | \$8493.05                  |  |                           | + \$8493.05       |
|              |          |  |                 |                            | Copy p   | personal property total ► |                   |
| 62 <b>T</b>  | otal -   | of all property on Schodule A/R  | Add line FF :   | ling 62                    |  |                           | \$195160.05       |

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First Name Document Page 20 of 76

Schedule A/B: Property. Additional page

| Part | t4: Describe Your Financial Assets |                        |  |         |  |  |  |
|------|------------------------------------|------------------------|--|---------|--|--|--|
| 7.   | ,                                  | •                      | certificates of deposit; shares in credit unions, brokerage houses, unts with the same institution, list each. |         |  |  |  |
|      | ☐ No<br>✓ Yes                      |                        | Institution name:  |         |  |  |  |
|      |                                    | 17.1. Savings account: | TCF Bank   | \$35.00 |  |  |  |

|  |  | Case 16-15041  | Doc 1  | Filed 05  | /02/16  | Entered 05/   | 02/16 16:53:32   | Desc Main   |
|--|--|--|--|---|---|---|--|---|
| Fill i                                       | n this inform  | ation to identify your case:   |  |   |   |   |  |   |
| Deb  | otor 1   | Estella  |  |   | Bunto   | n   |  |   |
|  |  | First Name   | Mid  | ldle Name   | Last N  | lame  |  |   |
|  | otor 2<br>ouse, if filing)   | First Name   | Mid  | Idle Name   | Last N  | lame  |  |   |
| Unit   | ed States Ba   | inkruptcy Court for the:   | Northern   |   | District of II  | linois<br>State)  |  |   |
|  | e number<br>nown)  |  |  |   | (,  | State)  |  |   |
| Of   | ficial F   | orm 106C   |  |   |   |   | _  | Check if this is a amended filing   |
| Sc   | hedul  | C: The Prop  | erty Y   | ou Claim  | as Ex   | <b>cempt</b>  |  | 12/1  |
| For<br>is to<br>exer<br>rece<br>exer<br>prop | each iten o state a s mpted up eive certa mption of perty is d  It: Ident Which set You ar | pecific dollar amou<br>to the amount of a<br>in benefits, and tax                  | aim as exemny applicated a compared to the com | empt, you munpt. Alternationally statutory etirement fur der a law that ount, your exempt heck one only, eventoy exemptions. 170. § 522(b)(2) | ust specification well, you will limit. So ands—may to limits the emption of the | fy the amount of may claim the some exemptions to be unlimited in the exemption to would be limited ouse is filing with your 22(b)(3) | full fair market valus—such as those for dollar amount. Ho a particular dollar d to the applicable | a claim. One way of doing so<br>e of the property being<br>r health aids, rights to<br>wever, if you claim an<br>amount and the value of the<br>statutory amount. |
|  |  | ription of the property a<br>lle A/B that lists this pro                           | perty the own  | portion you   |   | of the exemption y  | ·  | cific laws that allow exemption   |
|  | Brief  |  |  |   |   |   |  | 735 ILCS 5/12-1001(c)   |
|  | description  | Hyundai , Elantra  |  | \$6,535.00  |   |   |  | 733 ILC3 3/12-1001(c)   |
|  | Line from<br>Schedule A  | /B: 03   |  |   |   | % of fair market value, icable statutory limit  | up to any  |   |
|  | Brief  | 1205 Tuscany Drive   | ,  | <b>1</b> 400 00 <b>7</b> 00   | ф   | isoasio statutory iiriii  |  | 735 ILCS 5/12-902   |
|  | description  | Streamwood, IL 601   | 07   | \$186,667.00  | Ш   |   |  |   |
|  | Line from<br>Schedule A  | /B: <u>01</u>  |  |   |   | % of fair market value,<br>icable statutory limit   | up to any  |   |
| 3.   | (Subject to  | aiming a homestead exe<br>adjustment on 4/01/19 and<br>id you acquire the property | every 3 year   | s after that for cas  | es filed on o   | •   | ,  |   |

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|  | ion of the property and line<br>A/B that lists this property            | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|---|---|------------------------------------|
| Brief<br>description:<br>Line from                       | couch love seat, recliner,<br>dinning room set,<br>kitchen set, X2 beds | \$700.00  | \$700.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Schedule A/B: Brief description: Line from Schedule A/B: | dell desktop, dell/vile<br>/gateway laptops,<br>computer                | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief<br>description:<br>Line from<br>Schedule A/B:      | weights and bench   | \$75.00   | \$75.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Brief<br>description:<br>Line from<br>Schedule A/B:      | wedding band  | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:               | clothing  | \$200.00  | \$200.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a)              |
| Brief<br>description:<br>Line from<br>Schedule A/B:      | cash on hand  | \$1.00  | \$1.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:               | USECU 17  | \$15.00   | \$15.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:               | Bank of America   | \$4.05  | \$4.05  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:               | Bank of America   | \$3.00  | \$3.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:               | TCF Bank 17   | \$460.00  | \$460.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief<br>description:<br>Line from                       | TCF Bank  | \$35.00   | \$35.00   | 735 ILCS 5/12-1001(b)              |

|  | Case 16-1504   | 41 Doc 1 File  | ed 05/02/16                              | Entered 05/02                              | /16 16:53:32  | Desc Main  |                                   |
|--|--|--|--|--|---|--|-----------------------------------|
| Fill in this information                     | ation to identify your ca  | se:  |  | J  |   |  |                                   |
| Debtor 1                                     | Estella  |  | Bunton                                   |  |   |  |                                   |
|  | First Name   | Middle Nam   | e Last Na                                | ame  |   |  |                                   |
| Debtor 2<br>(Spouse, if filing)              | First Name   | Middle Nam   | e Last Na                                | ame  |   |  |                                   |
| United States Ba                             | ankruptcy Court for the:   | Northern   | District of Illin                        |  |   |  |                                   |
| Case number (If known)                       |  |  | (5)                                      | tate)                                      |   |  |                                   |
| <u> </u>                                     | Corm 106D  |  |  |  |   | Cr   | neck if this is a                 |
|  | orm 106D   |  |  |  |   |  | nended filing                     |
| Schedu                                       | le D: Cred   | itors Who F  | lave Clain                               | ns Secured                                 | by Prope  | rty  | 12/1                              |
| form. On the  1. Do any cre  No. Cr  Yes. Fi | mation. If more sometop of any additications have claims sented this box and submall in all of the information |  | py the Additiona<br>our name and ca<br>? | l Page, fill it out,<br>ase number (if kno | number the entri<br>own).   |  |                                   |
|  | All Secured Claim  |  |  |  |   |  | 2 / 2                             |
| claim. If mor                                | re than one creditor ha  | or has more than one sec<br>s a particular claim, list th<br>tical order according to th | e other creditors in Par                 | ' '  | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 BK OF AME                                |  | Describe the pr  | anarty that agained t                    | ho alaimi                                  | \$194,678.00  | \$186,667.00   | \$8,011.00                        |
| Creditor's Na<br>P.O. Box 15                 |  |  | operty that secures the                  | ne ciaini.                                 | •   |  |                                   |
| Number                                       | Street   |  | 0.00<br>Ou file, the claim is: 0         | Check all that apply.                      |   |  |                                   |
| Wilmingto                                    |  | Contingent   |  |  |   |  |                                   |
| City   | Delaware 19801<br>State ZIP C  | odo .  |  |  |   |  |                                   |
| Who owes                                     | the debt? Check one.   | Disputed   | Shool, all that apply                    |  |   |  |                                   |
| ✓ Debtor                                     | •  | _  | Check all that apply.                    |  |   |  |                                   |
| Debtor                                       | •  | An agreemer car loan)  | nt you made (such as r                   | nortgage or secured                        |   |  |                                   |
| =  | 1 and Debtor 2 only  | Statutory lier   | (such as tax lien, med                   | chanic's lien)                             |   |  |                                   |
| another                                      | one of the debtors and   | Judgment lie   | n from a lawsuit                         |  |   |  |                                   |
|  | if this claim relates to   | o a Other (includ  | ing a right to offset)                   | _  |   |  |                                   |
|  | unity debt<br>vas incurred <u>4/1/20</u>   | D10 Last 4 digits of   | account number                           | 4389                                       |   |  |                                   |
|  | YEES CR UN   | Doscribe the pr  | operty that secures the                  | ho claim:                                  | \$12,223.00   | \$6,535.00   | \$5,688.00                        |
| Creditor's Na<br>230 S DEA                   | RBORN ST STE 29  |  | <u> </u>                                 | ne Ciaiiii.                                | I   |  |                                   |
| Number                                       | Street   | Value: \$6,535.00<br>As of the date ye   | ou file, the claim is: (                 | Check all that apply.                      |   |  |                                   |
| CHICAGO                                      | Illinois 60604   | Contingent   |  |  |   |  |                                   |
| City   | State ZIP C  | ode Unliquidated   |  |  |   |  |                                   |
|  | the debt? Check one.   | Disputed   |  |  |   |  |                                   |
| ✓ Debtor                                     | •  | Nature of lien.  | Check all that apply.                    |  |   |  |                                   |
| Debtor                                       | ∠ only<br>1 and Debtor 2 only  |  | nt you made (such as r                   | mortgage or secured                        |   |  |                                   |
| =  | one of the debtors and   | car loan)  Statutory lier  | ı (such as tax lien, med                 | chanic's lien)                             |   |  |                                   |
| another                                      |  | Judament lie   | n from a lawsuit                         | <del> ,</del>                              |   |  |                                   |
| commi  | if this claim relates to<br>unity debt   | Other (includ  | ing a right to offset)                   |  |   |  |                                   |
| Date debt v                                  | vas incurred 7/1/20  |  | account number                           | 3154                                       |   |  |                                   |
|  | Add the dollar value   | of your entries in Colu  |  |  | \$206,901.00  |  |                                   |

|        | Estella CASE 16-15041 DOC First Name Middle Nam   |  | 11140 (11146 (1146 (1154 | Desc Main  |                                   |
|--------|---|--|--|--|-----------------------------------|
| Part:1 | Additional Page   | number them beginning with 2.3, followed by 2.4,   | Column A  Amount of claim  Do not deduct the value of collateral.  | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.3    | VILLAS OF CAMBRIDGE TOWNHOME OWNERS ASSOCIATION Creditor's Name 175 N ARCHER Number Street  Mundelein Illinois 60060 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred | Describe the property that secures the claim:  1205 Tuscany Drive , Streamwood, IL 60107   Value: \$186,667.00  As of the date you file, the claim is: Check all that app  Contingent  Unliquidated  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or seculoan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Last 4 digits of account number | ured car   |  | \$0.00                            |
|        | Add the dollar value of your entri  | es in Column A on this page. Write that number her   | e: \$0.00  |  |                                   |
|        | If this is the last page of your for<br>Write that number here:   | n, add the dollar value totals from all pages.   | \$206,901.   | 00   |                                   |

|        |  | 0 10 15041   | Don't File   | -1.05/00/4.6  | ·   | 100/40 40:50:0  | 0 D               | Main                         |                     |
|--------|--|--|--|---|---|---|-------------------|------------------------------|---------------------|
| Fill i | n this informa   | Case 16-15041 ation to identify your case  |  | 0.05/02/16 F  | nieren us   | 5/02/16 16:53:3                                       | 2 Desc            | Main                         |                     |
| Deb    | tor 1  | Estella<br>First Name  | Middle Name  | Bunton<br>Last Name   | e   |   |                   |                              |                     |
|        | tor 2<br>ouse, if filing)  | First Name   | Middle Name  | Last Name   | е   |   |                   |                              |                     |
| Unite  | ed States Ba   | nkruptcy Court for the:  | Northern   | District of Illinoi (State  |   |   |                   |                              |                     |
|        | e number<br>lown)  |  |  |   |   |   |                   |                              |                     |
| Off    | icial Fo   | orm 106E/F   |  |   |   |   | Chec              | ck if this is an             | amended filing      |
| Sc     | hedu   | le E/F: Cre  | ditors Who   | Have Uns  | secure  | d Claims  |                   |                              | 12/15               |
| the b  | 1: List A Do any cre   | edule D: Creditors Who<br>e left. Attach the Contin<br>All of Your PRIORIT<br>editors have priority uns<br>to Part 2.                                  | uation Page to this pa<br>Y Unsecured Clain  | ge. On the top of any   | space is need<br>additional pa  | ed, copy the Part you<br>ges, write your name a       | need, fill it out | i, number th<br>ber (if know | e entries in<br>n). |
| 2.     | identify what<br>possible, lis<br>Part 1. If me                                    | rour priority unsecured<br>at type of claim it is. If a cla<br>t the claims in alphabetica<br>ore than one creditor hold<br>lanation of each type of c | aim has both priority and a<br>al order according to the<br>als a particular claim, list t | nonpriority amounts, list<br>creditor's name. If you l<br>the other creditors in Pa | that claim here<br>have more than<br>art 3.                                   | and show both priority a<br>two priority unsecured of | nd nonpriority a  | amounts. As i                | much as             |
|        | (i or air exp  | ianation of each type of c   | iaim, see the instructions   |   | delion bookiet.,  |   | Total claim       | Priority amount              | Nonpriority amount  |
|        | PO Box 734 Number  Philadelphia City Who incur Debtor Debtor Debtor At least Check | Pennsylvania State red the debt? Check one 1 only  | a 19101<br>Zip Code<br>e.  | Claims for death of intoxicated   | e, the claim is  nsecured claim obligations other debts you or personal injur | n:<br>owe the government                              | \$4,007.30        | \$4,007.30                   | \$0.00              |
|        | Yes  |  |  |   |   |   |                   |                              |                     |

Doc 1 Debtor 1 Documernt Page 26 of 76 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Americash Loans \$750.00 Last 4 digits of account number Nonpriority Creditor's Name 1431 W Montrose Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60613 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.2 ASHRO \$1,775.00 Last 4 digits of account number Nonpriority Creditor's Name 1515 S 21ST ST When was the debt incurred? 4/1/2011 Number Street As of the date you file, the claim is: Check all that apply. Contingent 52732 CLINTON Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.3 BK OF AMER \$1,545.00 Last 4 digits of account number 0733 Nonpriority Creditor's Name P.O. Box 15026 When was the debt incurred? 9/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilmington Delaware 19801 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed V Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt

✓ No Yes

Is the claim subject to offset?

Other. Specify

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|---|--|-------------|
| 4.4 | CAPITAL ONE BANK USA N  | Last 4 digits of account number  | \$3,040.00  |
|     | Nonpriority Creditor's Name<br>PO BOX 85520                   | When was the debt incurred? 5/1/2012   |             |
|     | Number Street   |  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|     | RICHMOND Virginia 23285                                       | Unliquidated   |             |
|     | City State Zip Code Who incurred the debt? Check one.         |  |             |
|     | Debtor 1 only   | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only                                    | Student loans  |             |
|     | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                               | Other. Specify   |             |
|     | ✓ No  | _  |             |
|     | Yes   |  |             |
| 4.5 | CAPITAL ONE BANK USA N  | — Last 4 digits of account number  | \$635.00    |
|     | Nonpriority Creditor's Name<br>PO BOX 85520                   | When was the debt incurred? 12/1/2011  |             |
|     | Number Street   | <del></del>  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|     | RICHMOND Virginia 23285                                       |  |             |
|     | City State Zip Code Who incurred the debt? Check one.         | Unliquidated   |             |
|     | Debtor 1 only   | Disputed   |             |
|     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 1 and Debtor 2 only                                    | Student loans  |             |
|     | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                               | Other. Specify   |             |
|     | ✓ No  |  |             |
|     | Yes   |  |             |
| 4.6 | CBNA  | Last 4 digits of account number 3512   | \$3,507.00  |
|     | Nonpriority Creditor's Name<br>PO Box 6497                    | When was the debt incurred? 5/1/2014   |             |
|     | Number Street   | <del></del>  |             |
|     |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|     | Sioux Falls South Dakota 57117                                | Unliquidated   |             |
|     | City State Zip Code Who incurred the debt? Check one.         |  |             |
|     | Debtor 1 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 2 only   | <u>~</u>   |             |
|     | Debtor 1 and Debtor 2 only                                    | Student loans  |             |
|     | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims    |             |
|     | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?                               | ✓ Other. Specify   |             |
|     | ✓ No  |  |             |
|     | Yes   |  |             |

Estella Case 16-15041 Doc 1 

Documernt Page 28 of 76 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CBNA \$752.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6497 When was the debt incurred? 4/1/2012 Street Number As of the date you file, the claim is: Check all that apply. Contingent South Dakota 57117 Sioux Falls Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset?  $\square$ **✓** No ☐ Yes 4.8 Citibank \$25.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6500 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls South Dakota 57117 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts ✓ Other, Specify credit card Is the claim subject to offset? |√| No Yes 4.9 CITI-SHELL \$700.00 Last 4 digits of account number 399 Nonpriority Creditor's Name PO Box 6497 When was the debt incurred? 4/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls 57117 South Dakota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims

Check if this claim relates to a community debt

Is the claim subject to offset?

|**~**| No Yes Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|      | Total claim   |   |            |
|------|---|---|------------|
| 4.10 | CITIZENS FIN  | Look 4 digits of account number. COM  | \$0.00     |
|      | Nonpriority Creditor's Name   | Last 4 digits of account number 6801  |            |
|      | 188 Industrial Dr. # 128<br>Number Street                           | When was the debt incurred? 9/1/2013  |            |
|      |   | As of the date you file, the claim is: Check all that apply.  |            |
|      | Elmhurst Illinois 60126   | Contingent  |            |
|      | Elmhurst Illinois 60126 City State Zip Code                         | Unliquidated  |            |
|      | Who incurred the debt? Check one.                                   | Disputed  |            |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |            |
|      | Debtor 2 only  Debtor 1 and Debtor 2 only                           | Student loans   |            |
|      | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | Is the claim subject to offset?                                     | Other. Specify  |            |
|      | ✓ No  |   |            |
|      | Yes   |   |            |
| 4.11 | CREDIT ONE BANK NA  | Last 4 digits of account number   | \$1,373.00 |
|      | Nonpriority Creditor's Name<br>PO BOX 98875                         | When was the debt incurred? 5/1/2013  |            |
|      | Number Street   |   |            |
|      |   | As of the date you file, the claim is: Check all that apply.  |            |
|      | LAS VEGAS Nevada 89193  | Contingent  |            |
|      | City State Zip Code   | Unliquidated  |            |
|      | Who incurred the debt? Check one.  Debtor 1 only                    | Disputed  |            |
|      |   | Type of NONPRIORITY unsecured claim:  |            |
|      | Debtor 2 only   | Student loans   |            |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | Is the claim subject to offset?                                     | ✓ Other. Specify  |            |
|      | ✓ No  |   |            |
|      | Yes   |   |            |
| 4.12 | CREDIT ONE BANK NA  | Last 4 digits of account number   | \$1,016.00 |
|      | Nonpriority Creditor's Name<br>PO BOX 98875                         | When was the debt incurred? 6/1/2014  |            |
|      | Number Street   | <del></del>   |            |
|      |   | As of the date you file, the claim is: Check all that apply.  |            |
|      | LAS VEGAS Nevada 89193  | Contingent  |            |
|      | City State Zip Code   | Unliquidated  |            |
|      | Who incurred the debt? Check one.  Debtor 1 only                    | Disputed  |            |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |
|      | Debtor 1 and Debtor 2 only  | Student loans   |            |
|      | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce that                                       |            |
|      | 片   | you did not report as priority claims   |            |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|      | Is the claim subject to offset?                                     | ✓ Other. Specify  |            |
|      | Yes   |   |            |

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Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.13 CREDITONEBNK \$960.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 98872 When was the debt incurred? 6/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent LAS VEGAS 89193 Nevada Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.14 DSNB MACYS \$717.00 Last 4 digits of account number 6134 Nonpriority Creditor's Name 9111 Duke Blvd When was the debt incurred? 1/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent 45040 Mason Ohio Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset?  $\square$ Other. Specify **✓** No Yes 4.15 Mauer Law \$2,867.63 Last 4 digits of account number Nonpriority Creditor's Name 123 W Madison St # 1500 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60602 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that

**✓** No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

you did not report as priority claims

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

payday loan

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rst Name Middle Name Documet Name Page 31 of 76

Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim 4.16 Midnight Velvet \$1,130.00 Last 4 digits of account number Nonpriority Creditor's Name 1112 7TH AVE POB 2821 When was the debt incurred? 4/1/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent Wisconsin 53566 Monroe Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only  $\overline{\mathbf{A}}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes 4.17 OPPITY FIN \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name 11 E Adams # 501 When was the debt incurred? 10/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent 60603 Chicago Illinois Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset?  $\square$ Other, Specify **✓** No Yes 4.18 PEOPLES ENGY \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60601 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** | Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify **✓** No Yes

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning  | Total claim   |            |
|--|---|------------|
| A.19 RISE Nonpriority Creditor's Name PO Box 101808 Number Street  | Last 4 digits of account number 3633  When was the debt incurred? 9/1/2015  | \$4,127.00 |
| Number Street  Fort Worth Texas 76185 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes  | As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify |            |
| Rise Credit   Nonpriority Creditor's Name   4150 International Plaza Suite 300   | Last 4 digits of account number  When was the debt incurred?  | \$4,000.00 |
| A.21 Santander Consumer USA Nonpriority Creditor's Name PO Box 961245 Number Street  Fort Worth Texas 76161 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  No | Last 4 digits of account number   | \$0.00     |

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|      | After listing any entries on this page, number them beginning w        | rith 4.5, followed by 4.6, and so forth.   | Total claim |
|------|--|--|-------------|
| 4.22 | SYNCB/SAMS CLUB  | Look & digita of account mounts  | \$1,398.00  |
|      | Nonpriority Creditor's Name  | Last 4 digits of account number  | <u> </u>    |
|      | 4125 WINDWARD PLAZA Number Street                                      | When was the debt incurred?8/1/2013  |             |
|      |  | As of the date you file, the claim is: Check all that apply.   |             |
|      | ALPHARETTA Georgia 30005   | Contingent   |             |
|      | City State Zip Code  | Unliquidated   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                       | Disputed   |             |
|      | <u> </u>   | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 2 and Debtor 2 and  | Student loans  |             |
|      | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that  |             |
|      | At least one of the debtors and another                                | you did not report as priority claims  |             |
|      | Check if this claim relates to a community debt                        | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Is the claim subject to offset?  | ✓ Other. Specify   |             |
|      | ✓ No   |  |             |
|      | Yes  |  |             |
| 4.23 | TD AUTO FINANCE Nonpriority Creditor's Name                            | Last 4 digits of account number 3313   | \$0.00      |
|      | PO BOX 9223  | When was the debt incurred? 6/1/2012   |             |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
|      |  | Contingent   |             |
|      | FARMINGTON Michigan 48333<br>HILLS                                     | Unliquidated   |             |
|      | City State Zip Code  | Disputed   |             |
|      | Who incurred the debt? Check one.                                      | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 1 only  | Ë  |             |
|      | Debtor 2 only  | Student loans  Obligations and after a second to a second to a second to the second to |             |
|      | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|      | At least one of the debtors and another                                | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Check if this claim relates to a community debt                        | Other. Specify   |             |
|      | Is the claim subject to offset?  | _  |             |
|      | ✓ No   |  |             |
|      | Yes  |  |             |
| 4.24 | The University of Chicago Physicians Group Nonpriority Creditor's Name | Last 4 digits of account number  | \$281.00    |
|      | 75 Remittance Drive # Suite1385  | When was the debt incurred?  |             |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
|      |  | Contingent   |             |
|      | Chicago Illinois 60675   | Unliquidated   |             |
|      | City State Zip Code  Who incurred the debt? Check one.                 |  |             |
|      | Debtor 1 only  | Disputed   |             |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 1 and Debtor 2 only   | Student loans  |             |
|      | At least one of the debtors and another                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|      | Check if this claim relates to a community debt                        | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Is the claim subject to offset?  | ✓ Other. Specify medical   |             |
|      | No   |  |             |
|      | Yes  |  |             |

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Your NONPRIORITY Unsecured Claims - Continuation Page  $\begin{array}{c} \text{Debtor 1} \\ \text{First Name} \end{array} \underbrace{ \begin{array}{c} \text{Estella} \\ \text{Case 16-15041} \end{array} \begin{array}{c} \text{Doc 1} \\ \text{Middle Name} \end{array} }_{\text{Middle Name}}$ 

|      | After listing any entries on this page, number them beginning   | with 4.5, followed by 4.6, and so forth.  | Total claim      |  |  |  |  |  |
|------|---|---|------------------|--|--|--|--|--|
| 4.25 | US Bank   | Last 4 digits of account number 5023  | \$11,034.00      |  |  |  |  |  |
|      | Nonpriority Creditor's Name<br>425 Walnut Street                | When was the debt incurred? 5/1/2014  |                  |  |  |  |  |  |
|      | Number Street   | When was the dept incurred:   |                  |  |  |  |  |  |
|      |   | As of the date you file, the claim is: Check all that apply.  |                  |  |  |  |  |  |
|      |   | Contingent  |                  |  |  |  |  |  |
|      | Cincinnati     Ohio     45202       City     State     Zip Code | Unliquidated  |                  |  |  |  |  |  |
|      | Who incurred the debt? Check one.                               |   |                  |  |  |  |  |  |
|      | Debtor 1 only   | Disputed  |                  |  |  |  |  |  |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |  |  |  |  |  |
|      |   | Student loans   |                  |  |  |  |  |  |
|      | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that                                       |                  |  |  |  |  |  |
|      | At least one of the debtors and another                         | you did not report as priority claims   |                  |  |  |  |  |  |
|      | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts                                       |                  |  |  |  |  |  |
|      | Is the claim subject to offset?                                 | ✓ Other. Specify 066 Automobile   |                  |  |  |  |  |  |
|      | <b>✓</b> No   | _   |                  |  |  |  |  |  |
|      | Yes   |   |                  |  |  |  |  |  |
| 4.00 |   |   | <b>#0.440.00</b> |  |  |  |  |  |
| 4.26 | US EMPLOYEES CR UN Nonpriority Creditor's Name                  | Last 4 digits of account number3162   | \$6,148.00       |  |  |  |  |  |
|      | 230 S DEÁRBORN ST STE 29  | When was the debt incurred? 4/1/2014  |                  |  |  |  |  |  |
|      | Number Street   | As of the date year file the plain is. Check all that apply   |                  |  |  |  |  |  |
|      |   | As of the date you file, the claim is: Check all that apply.  |                  |  |  |  |  |  |
|      | CHICAGO Illinois 60604  | Contingent  |                  |  |  |  |  |  |
|      | City State Zip Code   | Unliquidated  |                  |  |  |  |  |  |
|      | Who incurred the debt? Check one.                               | Disputed  |                  |  |  |  |  |  |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                  |  |  |  |  |  |
|      | Debtor 2 only   |   |                  |  |  |  |  |  |
|      | Debtor 1 and Debtor 2 only                                      | Student loans   |                  |  |  |  |  |  |
|      | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |  |  |  |  |  |
|      | 불   |   |                  |  |  |  |  |  |
|      | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts                                       |                  |  |  |  |  |  |
|      | Is the claim subject to offset?                                 | ✓ Other. Specify  |                  |  |  |  |  |  |
|      | No  |   |                  |  |  |  |  |  |
|      | Yes   |   |                  |  |  |  |  |  |
| 4.27 | US EMPLOYEES CR UN  | Last 4 digits of account number   | \$2,940.00       |  |  |  |  |  |
|      | Nonpriority Creditor's Name                                     | <u>———</u>  |                  |  |  |  |  |  |
|      | 230 S DEARBORN ST STE 29  Number Street                         | When was the debt incurred? 7/1/2014  |                  |  |  |  |  |  |
|      | Trained Stroot  | As of the date you file, the claim is: Check all that apply.  |                  |  |  |  |  |  |
|      |   | Contingent  |                  |  |  |  |  |  |
|      | CHICAGO Illinois 60604  | — Unliquidated  |                  |  |  |  |  |  |
|      | City State Zip Code Who incurred the debt? Check one.           |   |                  |  |  |  |  |  |
|      | Debtor 1 only   | Disputed  |                  |  |  |  |  |  |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                  |  |  |  |  |  |
|      | Debtor 1 and Debtor 2 only                                      | Student loans   |                  |  |  |  |  |  |
|      | <u>'</u>  | Obligations arising out of a separation agreement or divorce that                                       |                  |  |  |  |  |  |
|      | At least one of the debtors and another                         | you did not report as priority claims   |                  |  |  |  |  |  |
|      | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts                                       |                  |  |  |  |  |  |
|      | Is the claim subject to offset?                                 | ✓ Other. Specify  |                  |  |  |  |  |  |
|      | ✓ No  | <del></del>   |                  |  |  |  |  |  |
|      | □ Vas   |   |                  |  |  |  |  |  |

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Page 35 of 76 Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$4,007.30 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 6d. Other. Add all other priority unsecured claims. Write that \$0.00 amount here. 6e. Total. Add lines 6a through 6d. \$4,007.30 **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or divorce 6g. that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. amount here. \$53,720.63 6j. Total. Add lines 6f through 6i. 6j.

| Fill in this inform  | Case 16-1504 ation to identify your case   |                               | 5/02/16 Enter                           | ed 05/0 <mark>2/16 16:53:32</mark>                                      | Desc Main  |  |  |  |
|--|--|-------------------------------|---|---|--|--|--|--|
| Debtor 1   | Estella First Name   | Middle Name                   | Bunton Last Name                        |   |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)  |  |                               |   |   |  |  |  |  |
|  | ankruptcy Court for the:   | Middle Name  Northern         | Last Name  District of Illinois (State) |   |  |  |  |  |
| Case number (If known)   |  |                               | (State)                                 |   |  |  |  |  |
| Official F   | orm 106G   |                               |   |   | Check if this is a amended filing                                |  |  |  |
| Schedul  | e G: Execut  | ory Contracts                 | and Unexpir                             | ed Leases   | 12/1:  |  |  |  |
|  | l, copy the additional p   |                               |   | re equally responsible for supply<br>nis page. On the top of any additi | ing correct information. If more onal pages, write your name and |  |  |  |
| 1. Do you ha   | ave any executory  | contracts or unexpired        | d leases?                               |   |  |  |  |  |
| ✓ No. Ched   | No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.          |                               |   |   |  |  |  |  |
| Yes. Fill i  | Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). |                               |   |   |  |  |  |  |
| 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. |  |                               |   |   |  |  |  |  |
| Person   | or company with whor   | n you have the contract or le | ease                                    | State what the contrac  | t or lease is for  |  |  |  |
|  |  |                               |   |   |  |  |  |  |

|      |                 | Case 16-1504   | 1 Doc 1 Filed 0  | 15/02/16 Entered                  | 05/02/16 16·53·32                   | Desc Main  |
|------|-----------------|--|--|-----------------------------------|-------------------------------------|--|
| FIII | in this inform  | ation to identify your case  |  | <u> </u>                          | 2/10 10.33.32                       | Desc Main  |
| De   | btor 1          | Estella  |  | Bunton                            |                                     |  |
| Do   | btor 2          | First Name   | Middle Name  | Last Name                         |                                     |  |
|      | ouse, if filing | First Name   | Middle Name  | Last Name                         | _                                   |  |
| Un   | ited States Ba  | ankruptcy Court for the:   | Northern   | District of Illinois              | _                                   |  |
|      | se number       | _  |  | (State)                           | _                                   |  |
|      | - ,             |  |  |                                   |                                     | Check if this is a amended filing  |
| Of   | fficial F       | orm 106H   |  |                                   |                                     | arriended ming   |
|      |                 | e H: Your Co   | odebtors   |                                   |                                     | 12/1:  |
| ever | y question.     |  |  | t list either spouse as a codebto |                                     | ase number (if known). Answer  |
| 2.   | Louisiana, N    | levada, New Mexico, Pue<br>o to line 3.<br>id your spouse, former sp | ived in a community proper<br>ento Rico, Texas, Washington,<br>nouse, or legal equivalent live v | and Wisconsin.)                   | unity property states and territon  | ies include Arizona, California, Idaho,  |
|      |                 |  | tate or territory did you live?  | Fill in the                       | name and current address of th      | at person.   |
|      |                 | Name of your spouse, for   | ormer spouse, or legal equival   | ent                               | -                                   |  |
|      |                 | Number Street  |  |                                   | -                                   |  |
|      |                 | City   | State  | Zip Code                          | -                                   |  |
| 3.   | as a codeb      | tor only if that person is   | s a guarantor or cosigner. I   | -                                 | e creditor on <i>Schedule D</i> (Of | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|      | Column 1:       | Your codebtor  |  |                                   | Column 2: The creditor to           | whom you owe the debt  |

Check all schedules that apply:

| Fill in th  | is information to identify                               | A VOIT CASA:  |                             |                     | 2/16 16               | :53:32  | Desc Mair            | 1                                   |
|-------------|--|---|-----------------------------|---------------------|-----------------------|---|----------------------|-------------------------------------|
|             | is information to identify                               | Docum   | πεπι τας                    | <del>je 30 or</del> | 70                    |   |                      |                                     |
| Debtor 1    | Estella  |   | Bunton                      |                     | _                     |   |                      |                                     |
|             | First Name   | Middle Name   | Last Name                   |                     |                       | Check if thi  | is is:               |                                     |
| Debtor 2    | f filing) First Name                                     | Middle Nesse  | Last Name                   |                     | _                     | _   | ended filing         |                                     |
| (Spouse, ii | f filing) First Name                                     | Middle Name   | Last Name                   |                     |                       | =   | ŭ                    | at a affica abaata A                |
| United Sta  | ites Bankruptcy Court for the:                           | Northern  | District of Illinois        |                     | _                     |   | es as of the followi | ost-petition chapter 13<br>ng date: |
| Case numl   | ber  |   | (State)                     |                     | _                     | MM / D  | DD / YYYY            |                                     |
| Officia     | al Form 106I   |   |                             |                     |                       |   |                      |                                     |
|             | dule I: Your Inc   | ome   |                             |                     |                       |   |                      | 12/1                                |
| Part 1:     | Describe Employme  | se number (if known). Ar  | Debtor 1                    |                     |                       | Debtor  | 2                    |                                     |
| 1.          | Fill in your employment information.                     |   |                             |                     |                       |   |                      |                                     |
|             | If you have more than one job,                           | Employment status   | Employed  Not Employe       | d                   |                       | <ul><li>☐ Employed</li><li>✓ Not Employed</li></ul> |                      |                                     |
|             | attach a separate page with information about additional | Occupation  | Transition Patient Advocate |                     |                       |   |                      |                                     |
|             | employers.   | Employer's name   | Hines VA Hospit             | al                  |                       |   |                      |                                     |
|             | Include part time, seasonal, or                          | Employer's address  | 5000 S 5th Ave              |                     |                       | Number Street                                       |                      |                                     |
|             | self-employed work.                                      |   | Number Street               |                     |                       |   | reet                 |                                     |
|             | Occupation may include                                   |   |                             |                     |                       |   |                      |                                     |
|             | student or homemaker, if it applies.                     |   |                             |                     |                       |   |                      |                                     |
|             |  |   | Hines                       | Illinois            | 60141                 | City  | State                | Zip Code                            |
|             |  |   | City<br>29 years 1 month    | State               | Zip Code              | Olly  | Otato                | Zip Gode                            |
|             |  | How long employed there?  | 29 years i monu             | <u> </u>            |                       |   |                      |                                     |
| Dort 2      | Cive Detaile About I                                     | Manthly Income  |                             |                     |                       |   |                      |                                     |
| Part 2:     | Give Details About I                                     | wonthly income  |                             |                     |                       |   |                      |                                     |
|             |  | date you file this form. If you ha                              | ave nothing to repo         | rt for any line     | e, write \$0 in the s | pace. Includ  | de your non-filing s | pouse unless you                    |
|             | our non-filing spouse have mo                            | re than one employer, combine th                                | ne information for a        | ll employers        | for that person on    | the lines be  | elow. If you need m  | ore space, attach                   |
| a separat   | te sheet to this form.                                   |   |                             | For                 | Debtor 1              | For Deb   | tor 2 or<br>g spouse |                                     |
|             |  | y, and commissions (before all lculate what the monthly wage wo |                             |                     | \$6,477.47            |   | \$0.00               |                                     |
|             | imate and list monthly overt                             |   | 3.                          |                     | + \$0.00              |   | + \$0.00             |                                     |

4. Calculate gross income. Add line 2 + line 3.

\$6,477.47

\$0.00

Debtor 1 Estella Case 16-15041 Filed 05/02/16 Entered @5402/116 16:53:32 Desc Main Doc 1 Middle Name Documentame Page 39 of 76 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$6,477.47 \$0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$1,163.87 \$0.00 5b. Mandatory contributions for retirement plans 5b. \$51.83 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$764.44 \$0.00 5f. Domestic support obligations 5f. \$0.00 \$0.00 5g. Union dues 5g. \$0.00 \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$1,980.14 \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$4,497.33 \$0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$0.00 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 \$0.00 \$0.00 \$0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 \$0.00 \$0.00 \$4,497.33 10.Calculate monthly income. Add line 7 + line 9. \$4,497.33 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$4,497.33 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:

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| Fill in this is Comm                 | Case 16-150                                 |  | 5/02/16 Entered 05/0  | 2/16 16:53:32                        | Desc M      | ain           |
|--------------------------------------|---|--|---|--------------------------------------|-------------|---------------|
| Fill in this inform                  | ation to identify your ca                   | ase:   | J   |                                      |             |               |
| Debtor 1                             | Estella                                     |  | Bunton  |                                      |             |               |
|                                      | First Name                                  | Middle Name  | Last Name   | 01 1 1 1 1 1 1                       |             |               |
| Debtor 2 (Spouse, if filing)         | First Name                                  | Middle Name  | Last Name   | Check if this is:                    |             |               |
|                                      |   |  |   | An amended filing                    |             |               |
| United States Ba                     | ankruptcy Court for the                     | : Northern   | District of Illinois (State)  | A supplement show expenses as of the | •           |               |
| Case number                          |   |  | (Oldic)   | ол <b>р</b> опоос до от ит           | o .oo       |               |
| (If known)                           |   |  |   | MM / DD / YYYY                       | <del></del> |               |
| Official F                           | orm 106J                                    |  |   |                                      |             |               |
|                                      |   |  |   |                                      |             |               |
| Schedul                              | e J: Your E                                 | xpenses  |   |                                      |             | 12/1          |
| nformation. If m<br>(if known). Answ | ore space is needed<br>er every question.   | I, attach another sheet to this fo                                       | filing together, both are equally rorm. On the top of any additional    |                                      | -           | umber         |
|                                      | ribe Your House                             | nold   |   |                                      |             |               |
| 1. Is this a joint                   | case?                                       |  |   |                                      |             |               |
| ✓ No. Go t                           | o line 2                                    |  |   |                                      |             |               |
| Yes. Do                              | es Debtor 2 live in a                       | separate household?  |   |                                      |             |               |
|                                      | No  |  |   |                                      |             |               |
|                                      | Yes. Debtor 2 must f                        | file Official Forms 106J-2, <i>Expense</i>                               | es for Separate Household of Debtor                                     | · 2.                                 |             |               |
| 2. Do you have                       | dependents?                                 | No   |   |                                      |             |               |
| Do not list De                       | _   | Yes. Fill out this information for                                       | Dependent's relationship to   | Dependent's                          | Does der    | pendent live  |
| Debtor 2.                            | _   | each dependent   | Debtor 1 or Debtor 2  | age                                  | with you?   |               |
| 3. Do your expe                      |   | No   |   |                                      |             |               |
| expenses of<br>than                  | people other                                | INU  |   |                                      |             |               |
| yourself and                         | your $\square$                              | Yes  |   |                                      |             |               |
| dependents                           | ?   |  |   |                                      |             |               |
| Part 2: Estim                        | ate Your Ongoin                             | g Monthly Expenses   |   |                                      |             |               |
| Estimate your                        | expenses as of your<br>a date after the ban | bankruptcy filing date unless yo   | ou are using this form as a supple<br>elemental Schedule J, check the b | -                                    | -           |               |
|                                      |   | -cash government assistance if<br>I it on <i>Schedule I: Your Income</i> |   |                                      |             | Your expenses |
|                                      | r home ownership exthe ground or lot. 4.    | xpenses for your residence. Incl   | ude first mortgage payments and   |                                      | 4.          | \$1,563.00    |
| If not inclu                         | ded in line 4:                              |  |   |                                      |             |               |
| 4a. Real est                         | ate taxes                                   |  |   |                                      | 4a          | \$0.00        |
| 4b. Property                         | , homeowner's, or ren                       | ter's insurance  |   |                                      | 4b.         | \$0.00        |
| 4c. Home m                           | aintenance, repair, and                     | dupkeep expenses   |   |                                      | 4c.         | \$100.00      |

\$175.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Estella Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 @166/53:32 Desc Main

Document Page 42 of 76 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$250.00 6a. 6b. Water, sewer, garbage collection \$100.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$300.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies 7. \$396.00 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$200.00 9. 10. Personal care products and services \$150.00 10. 11. Medical and dental expenses \$100.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$250.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$100.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$70.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$98.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \_ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1          | Estella Case 16-150            |                        | Filed 05:02/16                | Entered 05/02/16 /16:53 | 3: <u>32 De</u> : | sc Main |        |
|-------------------|--------------------------------|------------------------|-------------------------------|-------------------------|-------------------|---------|--------|
|                   | First Name                     | Middle Name            | Documetnit <sup>me</sup>      | Page 43 of 76           |                   |         |        |
| 21. <b>Other.</b> | Specify:                       |                        |                               | _                       | 21                |         | \$0.00 |
|                   |                                |                        |                               |                         |                   |         |        |
|                   | late your monthly expense      | es.                    |                               |                         |                   | \$3,8   | 352.00 |
| 22a. A            | dd lines 4 through 21.         |                        |                               |                         |                   |         | \$0.00 |
| 22b. C            | opy line 22 (monthly expens    | es for Debtor 2), if a | ny, from Official Form 106J   | -2                      |                   | \$3,8   | 352.00 |
| 22c. A            | dd line 22a and 22b. The res   | ult is your monthly e  | xpenses.                      |                         | 22.               |         |        |
| 23. Calcul        | ate your monthly net inco      | me.                    |                               |                         |                   |         |        |
| 23a. C            | opy line 12 (your combined r   | monthly income) fror   | n Schedule I.                 |                         | 23a               | \$4,4   | 497.33 |
| 23b. C            | opy your monthly expenses fi   | rom line 22 above.     |                               |                         | 23b               | \$3,8   | 852.00 |
|                   | ubtract your monthly expense   |                        | rincome.                      |                         |                   | \$6     | 645.33 |
| ٦                 | The result is your monthly ne  | t income.              |                               |                         | 23c               |         |        |
| 24. <b>Do yo</b>  | u expect an increase or de     | ecrease in your ex     | penses within the year aft    | ter you file this form? |                   |         |        |
| For e             | xample, do you expect to finis | sh naving for your ca  | ar loan within the year or do | vou expect vour         |                   |         |        |
|                   | gage payment to increase or    |                        | ,                             |                         |                   |         |        |
| <b>√</b> N        | lo                             |                        |                               |                         |                   |         |        |
|                   | és                             |                        |                               |                         |                   |         |        |
| Ш'                | es                             |                        |                               |                         |                   |         |        |
|                   | Explain here:                  |                        |                               |                         |                   |         |        |
|                   |                                |                        |                               |                         |                   |         |        |
|                   |                                |                        |                               |                         |                   |         |        |
|                   |                                |                        |                               |                         |                   |         |        |
|                   |                                |                        |                               |                         |                   |         |        |
|                   |                                |                        |                               |                         |                   |         |        |

|  | Case 16-1504  | 1 Doc 1 File             | ad 05/02/16           | Entared OF            | <u>5/0</u> 2/16 16:53:32    | 2 Desc Main   |
|--|---|--------------------------|-----------------------|-----------------------|-----------------------------|---|
| Fill in this inforn                              | nation to identify your case  |                          | -0 (7.3/(127.10)      |                       | M 2/10 10.33.32             | 2 Desciviani  |
| Debtor 1   | Estella<br>First Name   | Middle Nam               | Bunto                 | on<br>Name            | -                           |   |
| Debtor 2<br>(Spouse, if filing                   |   | Middle Nam               |                       | Name                  | -                           |   |
| United States B                                  | ankruptcy Court for the:  | Northern                 | District of I         | Ilinois<br>State)     | -                           |   |
| (If known)                                       | Form 106De  | C                        |                       |                       |                             | Check if this is a amended filing   |
| Declarat   | ion About a   | n Individual             | <b>Debtor's</b>       | Schedule              | S                           | 12/1  |
| Part 1: Sign Did you pa                          | ud in connection with a   | bankruptcy case can      | result in fines up to | s \$250,000, or impri | isonment for up to 20 y     | ealing property, or obtaining money o rears, or both. 18 U.S.C. §§ 152, 1341, |
| Under per that they a  /s/ Estella  Signature of | nalty of perjury, I declare<br>are true and correct.<br>a Bunton<br>of Debtor 1 | e that I have read the s | Signa                 | dules filed with this | 119).<br>is declaration and |   |
| Date <u>5/2/2</u><br>MM/                         | 016<br>/DD/YYYY   |                          |                       | Date MM/DE            | D/YYYY                      |   |

| Fill i        | n this inforn            | Case 16-15041 nation to identify your case |   | Filed 05/02/16  | Entered 05                                | 02/16 16:53:32             | Desc Main  |
|---------------|--------------------------|--|---|---|---|----------------------------|--|
|               | otor 1                   | Estella                                    |   | Bunton  |   |                            |  |
|               | otor 2                   | First Name                                 | Middle N                                  |   |   |                            |  |
|               |                          | First Name  Bankruptcy Court for the:      | Middle N                                  | Name Last Na<br>District of Illi                      |   |                            |  |
|               | e number                 | canada o o o o o o o o o o o o o o o o o o |   |   | itate)                                    |                            |  |
| (If kr        | nown)                    |  |   |   |   |                            | Check if this is a   |
|               |                          | Form 107                                   |   |   |   |                            | amended filing   |
| Be as<br>spac | s complete<br>e is neede |  | le. If two married<br>It to this form. On | people are filing togethe<br>the top of any additiona | er, both are equal<br>al pages, write you | y responsible for supply   | ying correct information. If more er (if known). Answer every question |
| 1.            |                          | your current marital sta                   |   | and more reality                                      | 20.0.0                                    |                            |  |
|               | <b>✓</b> Ma              | rried<br>married                           |   |   |   |                            |  |
| 2.            | During t                 | the last 3 years, have you                 | lived anywhere o                          | other than where you live                             | e now?                                    |                            |  |
|               | ✓ No<br>Yes              | . List all of the places you li            | ved in the last 3 yea                     | ars. Do not include where y                           | ou live now.                              |                            |  |
|               | Deb                      | otor 1:                                    |   | Dates Debtor 1 lived there                            | Debtor 2:                                 |                            | Dates Debtor 2 lived there   |
|               |                          |  |   |   | Same as I                                 | Debtor 1                   | Same as Debtor 1   |
|               | Nun                      | nber Street                                |   | - From  | Number Stree                              | <br>et                     | From   |
|               |                          |  |   | _ To  |   |                            | То   |
|               | City                     | State                                      | Zip Code                                  | _   | City                                      | State Zip C                | Code   |
|               |                          |  |   |   | Same as I                                 | Debtor 1                   | Same as Debtor 1   |
|               | Nun                      | nber Street                                |   | From  | Number Stree                              | <br>et                     | From   |
|               |                          |  |   | _ To  |   |                            | То   |
|               | City                     | State                                      | Zip Code                                  | -   | City                                      | State Zip C                | Code   |
|               | Within the territories i |  | er live with a spouldaho, Louisiana, N    | Nevada, New Mexico, Pue                               | n a community pro<br>erto Rico, Texas, Wa | pperty state or territory? | (Community property states and   |

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|           | First Name Middle N   | ame Documetheme   | Page 46 of 76  |  |  |  |  |  |
|-----------|---|---|--|--|--|--|--|--|
| art       | 2: Explain the Sources of Your Inc  |   | 3  |  |  |  |  |  |
| 4.        | Did you have any income from employmen Fill in the total amount of income you received to activities. If you are filing a joint case and you ha No Yes. Fill in the details.  | from all jobs and all businesses  | , including part-time  |  |  |  |  |  |
|           |   | Debtor 1  |  | Debtor 2   |  |  |  |  |
|           |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |  |  |  |
|           | From January 1 of current year until the date you filed for bankruptcy:   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>                        | \$21269.60   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
|           | For last calendar year: (January 1 to December 31,  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                        | \$81811.00   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
|           | For the calendar year before that: (January 1 to December 31,   | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business   | \$78402.00   | Wages, commissions, bonuses, tips Operating a business |  |  |  |  |
| <br> <br> | Did you receive any other income during thin not the income regardless of whether that income penefit payments; pensions; rental income; interest and you have income that you received together, ust each source and the gross income from each No | ne is taxable. Examples of other<br>test; dividends; money collected<br>, list it only once under Debtor 1. | income are alimony; child so<br>from lawsuits; royalties; and    | I gambling and lottery winnings.                       |  |  |  |  |
|           | Too. I ill ill the detaile.   | Debtor 1  |  | Debtor 2   |  |  |  |  |
|           |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |  |  |  |
|           | From January 1 of current year until the date you filed for bankruptcy:   |   |  |  |  |  |  |  |
|           | For last calendar year: (January 1 to December 31,  | Hardship from pension   | \$5,720.00   |  |  |  |  |  |

For the calendar year before that:

(January 1 to December 31, 2014

YYYY

\$8,000.00

Hardship from pension

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List Certain Payments You Made Before You Filed for Bankruptcy

Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ✓ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or City State Zip Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment Suppliers or vendors City State Zip Code Other

Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main Debtor 1 Document Page 48 of 76 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Doc 1

|                           |  |   |  | tody modifications, and cont  |
|---------------------------|--|---|--|---|
|                           |  |   |  |   |
| Nature of the case        | Court or ag  | gency   |  | Status of the case  |
|                           |  |   |  | Pending   |
|                           | Court Name   | <del>)</del>  |  | On appeal   |
|                           | Number Str   | eet   |  | Concluded   |
|                           | City   | State   | Zip Code   | -   |
|                           | Court Name   |   |  | Pending   |
|                           |  |   |  | On appeal Concluded   |
|                           | Number Str   | eet   |  |   |
|                           | City   | State   | Zip Code   | -   |
|                           | erty   |   |  | Value of the property   |
| 2009 BIVIVV 525           |  |   | 3/9/2016   | <u>\$0</u>  |
| Explain what happ         | ened   |   |  |   |
| ✓ Property was re         | epossessed.  |   |  |   |
| Dranartaa a               |  |   |  |   |
| <del></del> = _ · · · · · |  | or levied.  |  |   |
|                           | erty   |   | Date   | Value of the property   |
|                           |  |   |  |   |
| Explain what happ         | ened   |   |  |   |
| Property was re           | enossessed   |   |  |   |
| I I Topolty Was it        | poodooda.  |   |  |   |
| Property was fo           | oreclosed.   |   |  |   |
|                           | Nature of the case  Describe the prop  2009 BMW 525  Explain what happ  Property was re Property was gode Property was as Describe the prop  Explain what happ | Nature of the case  Court or age Court Name Number Str City  City  Describe the property  2009 BMW 525  Explain what happened  Property was repossessed. Property was garnished. Property was attached, seized, or other property  Describe the property  Explain what happened  Explain what happened  Property was garnished. Property was attached, seized, or other property  Explain what happened | Nature of the case  Court or agency  Court Name Number Street  City State  City State  City State  City State  Describe the property  2009 BMW 525  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.  Describe the property  Explain what happened  Explain what happened | Court Name Number Street  City State Zip Code  Court Name Number Street  City State Zip Code  Was any of your property repossessed, foreclosed, garnished, attached, see  Describe the property  2009 BMW 525  Explain what happened  Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied.  Describe the property  Date  Explain what happened  Explain what happened |

| Deb  | tor 1    | Estella Case 16-15041<br>First Name                                      |                      | d 05/02/16 <u>Entered</u> 05/02/16 /16:53<br>cumenter Page 50 of 76 | : <u>32 Desc</u>         | Main                     |
|------|----------|--|----------------------|---|--------------------------|--------------------------|
| 11.  |          | nin 90 days before you filed for<br>ounts or refuse to make a paym<br>No |                      | creditor, including a bank or financial institution, set o          | ff any amounts fr        | om your                  |
|      |          | Yes. Fill in the details.  |                      |   |                          |                          |
|      |          |  |                      | Describe the action the creditor took                               | Date action was taken    | Amount                   |
|      |          | Creditor's Name  |                      |   |                          |                          |
|      |          | Number Street  |                      |   | d                        |                          |
|      |          |  |                      | Last 4 digits of account number: XXXX-                              |                          |                          |
|      |          | City State   | Zip Code             |   |                          |                          |
| 12.  |          | nin 1 year before you filed for baiver, a custodian, or another of       |                      | your property in the possession of an assignee for th               | e benefit of cred        | itors, a court-appointed |
|      |          | No   |                      |   |                          |                          |
| Dovi |          | <sup>Yes</sup><br>List Certain Gifts and Co                              | ntributions          |   |                          |                          |
| 13.  |          |  |                      | give any gifts with a total value of more than \$600 per            | nerson?                  |                          |
|      | <b>✓</b> | No   | barna apros, ara you | give any gine man a team value of more than \$000 per               | porconii                 |                          |
|      |          | Yes. Fill in the details for each g                                      | gift.                |   |                          |                          |
|      |          | Gifts with a total value of more per person                              | e than \$600         | Describe the gifts  | Dates you gave the gifts | Value                    |
|      |          | Person to Whom You Gave the G  | sift                 |   |                          |                          |
|      |          |  |                      |   |                          |                          |
|      |          | Number Street  |                      |   |                          |                          |
|      |          | City State Person's relationship to you                                  | Zip Code             |   |                          |                          |
|      |          | ersorrs relationship to you  |                      |   |                          |                          |
|      |          | Person to Whom You Gave the G  | sift                 |   |                          |                          |
|      |          | Number Street  |                      |   |                          |                          |
|      |          | City State   | Zip Code             |   |                          |                          |
|      |          | Person's relationship to you   |                      |   |                          |                          |
|      |          |  |                      |   |                          |                          |

|      |            | That Name What is  | ~ D(           | ocument Page 51 of 76  |   |                        |
|------|------------|--|----------------|--|---|------------------------|
| 14.  | With       | nin 2 years before you filed for bankrupto               |                | give any gifts or contributions with a total value of mor  | e than \$600 to an                      | y charity?             |
|      |            | No<br>Yes. Fill in the details for each gift or contrib  | oution.        |  |   |                        |
|      |            | Gifts with a total value of more than \$60 per person    |                | Describe the gifts   | Dates you gave the gifts                | Value                  |
|      |            | Charity's Name   |                |  |   |                        |
|      |            |  |                |  |   |                        |
|      |            | Number Street  |                |  |   |                        |
|      |            | City State Zip 0   | Code           |  |   |                        |
| Part |            | List Certain Losses                                      |                |  |   |                        |
| 15.  |            | nin 1 year before you filed for bankruptcy bling?        | or since yo    | ou filed for bankruptcy, did you lose anything because   | of theft, fire, othe                    | r disaster, or         |
|      |            | No<br>Yes. Fill in the details.                          |                |  |   |                        |
|      | Ц          | Describe the property you lost and how the loss occurred |                | Describe any insurance coverage for the loss   | Date of your loss                       | Value of property lost |
|      |            |  |                | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> |   |                        |
|      |            |  |                |  |   |                        |
| Part | <b>7</b> : | List Certain Payments or Transfe                         | rs             |  |   |                        |
| 16.  |            | nin 1 year before you filed for bankruptcy               |                | anyone else acting on your behalf pay or transfer any  | property to anyor                       | ne you consulted about |
|      | _          |  | ers, or credit | counseling agencies for services required in your bankrupto  | су.                                     |                        |
|      |            | No<br>Yes. Fill in the details.                          |                |  |   |                        |
|      |            |  |                | Description and value of any property transferred  | Date payment<br>or transfer<br>was made | Amount of payment      |
|      |            | Semrad Law Firm  |                | Attorney's Fee - 350.00  | 4/25/2016                               | \$350.00               |
|      |            | Person Who Was Paid<br>20 South Clark Street 28th Floor  |                |  |   |                        |
|      |            | Number Street  |                |  |   |                        |
|      |            | Chicago Illinois 606                                     |                |  |   |                        |
|      |            |  | Code           |  |   |                        |
|      |            | Email or website address                                 |                |  |   |                        |
|      |            | Person Who Made the Payment, if Not You                  |                |  | <u> </u><br>                            |                        |
|      |            | Person Who Was Paid                                      |                |  |   |                        |
|      |            | Number Street  |                |  |   |                        |
|      |            | City State Zip 0   | Code           |  |   |                        |
|      |            | Email or website address                                 |                |  |   |                        |
|      |            | Person Who Made the Payment, if Not You                  |                |  |   |                        |

| Deb | tor 1          | Estella Case 16-15041 First Name  |  | <u>d 05#02/16</u><br>cum'ë'n't™  | Entered 05/02<br>Page 52 of 76 | <b>/16</b> /16/53: | 32 Desc                                 | Main      |                        |
|-----|----------------|---|--|----------------------------------|--------------------------------|--------------------|---|-----------|------------------------|
| 17. | you            | nin 1 year before you filed for ba<br>deal with your creditors or to ma<br>ot include any payment or transfer t   | ake payments to you                          | creditors?                       | ng on your behalf pay o        | r transfer any p   | property to anyor                       | ne who p  | promised to help       |
|     | <b>✓</b>       | No<br>Yes. Fill in the details.   |  |                                  |                                |                    |   |           |                        |
|     |                |   |  | Description and                  | d value of any property        | transferred        | Date payment<br>or transfer<br>was made | Amour     | nt of payment          |
|     |                | Person Who Was Paid   |  |                                  |                                |                    |   |           |                        |
|     |                | Number Street   |  |                                  |                                |                    |   |           |                        |
|     |                | City State  | Zip Code                                     |                                  |                                |                    |   |           |                        |
| 18. | ordi:<br>Inclu | nin 2 years before you filed for b<br>nary course of your business or<br>ide both outright transfers and transfers that you have already listed on<br>No<br>Yes. Fill in the details. | financial affairs?<br>sfers made as security |                                  |                                |                    |   |           |                        |
|     |                | Too. I iii iii die detaile.   |  | Description and property transfe |                                |                    | property or paymets buts paid in exch   |           | Date transfer was made |
|     |                | Person Who Received Transfer  |  |                                  |                                |                    |   |           |                        |
|     |                | Number Street   |  |                                  |                                |                    |   |           |                        |
|     |                | City State<br>Person's relationship to you  | Zip Code                                     |                                  |                                |                    |   |           |                        |
|     |                | Person Who Received Transfer  |  |                                  |                                |                    |   |           |                        |
|     |                | Number Street   |  |                                  |                                |                    |   |           |                        |
|     |                | City State<br>Person's relationship to you  | Zip Code                                     |                                  |                                |                    |   |           |                        |
| 19. | (The           | nin 10 years before you filed for use are often called asset-protection   |  | ransfer any prop                 | perty to a self-settled tru    | st or similar de   | vice of which yo                        | u are a b | eneficiary?            |
|     |                | Yes. Fill in the details.   |  | Description on                   | d value of the property        | transforred        |   |           | Date transfer          |
|     |                |   |  | Description an                   | u value of the property        | lialisielleu       |   |           | was made               |
|     |                | Name of trust   |  |                                  |                                |                    |   |           |                        |
|     |                |   |  |                                  |                                |                    |   |           |                        |

Doc 1

List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date account Last balance number instrument was closed, before closing sold, moved, or transfer or transferred XXXX-Checking Person Who Was Paid Savings Money market Number Street Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Money market Number Street Brokerage Other City State Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Name of Financial Institution Name Number Street Number Street City Zip Code State City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it?

Name of Storage Facility

Number Street

Name

City

Number

Street

State

Zip Code

| Describe the control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.   | Deb  | tor 1    | Estella Case 16-15041 Doc 1 First Name Middle Name  | Filed 05∮0<br>Docume |                  | <u>ntered</u>     | 12/11-6/11-6:53:32 Desc Mair              | 1               |
|--|------|----------|---|----------------------|------------------|-------------------|---|-----------------|
| No   Yes. Fill in the details.   Where is the property?   Describe the contents   Value  | Part | 9:       | Identify Property You Hold or Contro                | I for Someo          | ne Else          |                   |   |                 |
| Where is the property?    Number Street   Number Street  | 23.  | _        | No  | e else owns? In      | clude any pro    | pperty you borro  | wed from, are storing for, or hold in tru | st for someone. |
| Number Street  |      | Ц        | Yes. Fill in the details.                           | Where is the         | property?        |                   | Describe the contents                     | Value           |
| Number Street  |      |          | Owner's Name  | Number Stre          | et               |                   | -   |                 |
| City   State   Zip Code  |      |          |   |                      |                  |                   | _   |                 |
| City State Zip Code  Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material law be substances, wastes, or material into the gaints or controlling the cleanup of these substances, wastes, or material.  ### Size means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Flazardous material reas any aphing an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material; pollutant, contaminant or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  |      |          | Number Street                                       |                      |                  |                   |   |                 |
| Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  • Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  • Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  • Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutan, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |      |          |   | City                 | State            | Zip Code          | -   |                 |
| For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the clearup of these substances, wastes, or material.  #### Sife means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  ###################################  |      |          | City State Zip Code                                 | _                    |                  |                   |   |                 |
| Emirornmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.      Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.      Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Governmental unit  Finvironmental law, if you know it  Date of notice  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  Sovernmental unit  Name of site  Governmental unit  Number Street   | Part | 10:      | Give Details About Environmental In                 | nformation           |                  |                   |   |                 |
| hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Size means any location, facility, or properly as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No Sevenmental unit  Number Street  Number Street  City State Zip Code  City State Zip Code  City State Zip Code  City State Xip Code  | For  | the p    | urpose of Part 10, the following definitions apply: |                      |                  |                   |   |                 |
| or used to own, operate, or utilize it, including disposal sites.  I hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  |      | ha       | azardous or toxic substances, wastes, or material i | nto the air, land,   | soil, surface wa | ater, groundwater |   |                 |
| toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No  |      |          |   | •                    | ironmental law,  | whether you now   | own, operate, or utilize it               |                 |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?    No   |      |          | , · · ·   |                      |                  | aste, hazardous s | substance,                                |                 |
| No   Yes. Fill in the details.   Governmental unit   Environmental law, if you know it   Date of notice   Name of site   Number Street   Number Street   City   State   Zip Code   Zip Co | Rep  | oort al  | I notices, releases, and proceedings that you know  | v about, regardles   | ss of when they  | occurred.         |   |                 |
| Yes. Fill in the details.   Governmental unit   Environmental law, if you know it   Date of notice   | 24.  | Has      | any governmental unit notified you that you r       | may be liable or     | potentially lia  | able under or in  | violation of an environmental law?        |                 |
| Name of site   Governmental unit   Environmental law, if you know it   Date of notice  |      |          |   |                      |                  |                   |   |                 |
| Number Street  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Name of site Number Street  Number Street  City State Zip Code  Environmental law, if you know it  Date of notice  City State Zip Code   |      | ш        | 103. Till ill tile details.                         | Government           | tal unit         |                   | Environmental law, if you know it         | Date of notice  |
| Number Street  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Name of site Number Street  Number Street  City State Zip Code  Environmental law, if you know it  Date of notice  City State Zip Code   |      |          | Name of site  | Governmenta          | l unit           |                   | -   |                 |
| City State Zip Code  City State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  ✓ No  |      |          | Number Street                                       | Number Stre          | et               |                   | -   |                 |
| Z5. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Finvironmental law, if you know it  Name of site  Number Street  Number Street  City State Zip Code  |      |          |   | _                    |                  |                   | _   |                 |
| 25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Name of site  Governmental unit  Number Street  Number Street  City State Zip Code   |      |          |   | City<br>—            | State            | Zip Code          |   |                 |
| No Yes. Fill in the details.  Governmental unit  Name of site  Number Street  Number Street  City State Zip Code  Environmental law, if you know it  Date of notice  Date of notice  |      |          | City State Zip Code                                 |                      |                  |                   |   |                 |
| Yes. Fill in the details.  Governmental unit  Name of site  Number Street  City State Zip Code  Environmental law, if you know it  Date of notice  City State Zip Code   | 25.  | Hav      | e you notified any governmental unit of any re      | elease of hazard     | dous material    | ?                 |   |                 |
| Name of site  Number Street  City State Zip Code    Code |      | <b>Y</b> |   |                      |                  |                   |   |                 |
| Number Street  City State Zip Code   |      | Ц        | Yes. Fill in the details.                           | Government           | tal unit         |                   | Environmental law, if you know it         | Date of notice  |
| Number Street  City State Zip Code   |      |          | Name of cite  | Covernmenta          | Lunit            |                   | -   |                 |
| City State Zip Code  |      |          |   |                      |                  |                   | _   |                 |
|  |      |          | Number Street                                       | Number Stre          | ⊌ι               |                   |   |                 |
| City State Zip Code  |      |          |   | City                 | State            | Zip Code          | -   |                 |
|  |      |          | City State Zip Code                                 | _                    |                  |                   |   |                 |

| Debto   | or 1     | Estella Case 16-15041 First Name                                |                    |                            | Entered 05/02<br>Page 55 of 76   | h16 /146;53: <u>32</u> | Desc Main   |
|---|----------|---|--------------------|----------------------------|----------------------------------|------------------------|---|
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |          |   |                    |                            |                                  | and orders.            |   |
|   | <b>✓</b> | No  |                    |                            |                                  |                        |   |
|   | Ш        | Yes. Fill in the details.                                       | (                  | Court or agency            |                                  | Nature of the case     | Status of the   |
|   |          | Case title  |                    |                            |                                  |                        | case  |
|   |          |   |                    | Court Name                 |                                  |                        | Pending   |
|   |          |   | _                  | Number Street              |                                  |                        | On appeal   |
|   |          | Case number   | _                  |                            |                                  |                        | Concluded   |
|   |          | •   |                    | City Stat                  | •                                |                        |   |
| Part '  | 11:      | Give Details About Your   | Business or Co     | onnections to A            | ny Business                      |                        |   |
| 27.   | With     | nin 4 years before you filed for                                | bankruptcy, did yo | u own a business o         | have any of the follow           | ing connections to an  | y business?   |
|   |          | A sole proprietor or self-emp A member of a limited liabilit    | •                  |                            | •                                | time                   |   |
|   |          | A partner in a partnership                                      | y company (LLC) of | iiiiiieu iiabiiity partile | isiiip (LLF)                     |                        |   |
|   |          | An officer, director, or managed An owner of at least 5% of the |                    |                            | on                               |                        |   |
|   |          | No. None of the above applies. Go                               |                    | ecuniles of a corporati    | OH                               |                        |   |
|   |          | Yes. Check all that apply above a                               |                    | elow for each busines      | S.                               |                        |   |
|   |          |   |                    | Describe the na            | ature of the business            |                        | entification number Do not<br>al Security number or ITIN. |
|   |          | Business Name  Number Street                                    |                    | _                          | Name of accountant or bookkeeper |                        |   |
|   |          |   |                    | Name of accou              |                                  |                        | ess existed   |
|   |          | City State  | Zip Code           | _                          |                                  | From                   | To  |
|   |          |   |                    |                            |                                  |                        |   |
|   |          |   |                    | Describe the na            | ature of the business            |                        | entification number Do not<br>al Security number or ITIN. |
|   |          | Business Name   |                    | _                          |                                  | EIN:                   |   |
|   |          | Number Street   |                    | Name of accou              | Name of accountant or bookkeeper |                        | ess existed   |
|   |          | City State  | Zip Code           |                            |                                  | From                   | To  |
|   |          |   |                    |                            |                                  |                        |   |
|   |          |   |                    | Describe the na            | ature of the business            |                        | entification number Do not<br>al Security number or ITIN. |
|   |          | Business Name   |                    | _                          |                                  | EIN:                   |   |
|   |          | Number Street   |                    |                            |                                  | Dates busine           | ess existed   |
|   |          |   |                    | Name of accou              | ntant or bookkeeper              |                        |   |
|   |          | City State  | Zip Code           |                            |                                  | From                   | То  |
|   |          |   |                    |                            |                                  |                        |   |
|   |          |   |                    |                            |                                  |                        |   |

| Debtor    |  | <u>d 05/02/16 Entered </u> 05/02/116 /1/6/53: <u>32 Desc Main</u><br>ocum <del>entre</del> Page 56 of 76  |
|-----------|--|---|
|           |  | give a financial statement to anyone about your business? Include all financial institutions,   |
| [ <u></u> | No Yes. Fill in the details below.                       |   |
|           | _  | Date issued   |
|           | Name   | MM/DD/YYYY  |
|           | Number Street  | _   |
|           | City State Zip Code                                      | _   |
| Part 1    | Sign Below   |   |
| an        | d correct. I understand that making a false statement, o | Iffairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|           | Signature of Debtor 1                                    | Signature of Debtor 2   |
|           | Date 5/2/2016  | Date 5/2/2016   |
| <u> </u>  | No Yes   | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| Di        | d you pay or agree to pay someone who is not an attorn   | rney to help you fill out bankruptcy forms?   |
|           | No Yes. Name of person                                   | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

B 203 (12/94)

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### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| In re | Estella Bunton ;   | Case No.                                   |                                |  |  |  |  |
|-------|--|--|--------------------------------|--|--|--|--|
| -     | Debtor   |  | (If known)                     |  |  |  |  |
|       |  | Chapter                                    | Chapter 13                     |  |  |  |  |
|       | DISCLOSURE OF COMPENSA   | TION OF ATTORNEY FO                        | R DEBTOR                       |  |  |  |  |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016( compensation paid to me within one year before the filing rendered or to be rendered on behalf of the debtor(s) in compensation. | g of the petition in bankruptcy, or agreed | to be paid to me, for services |  |  |  |  |
|       | For legal services, I have agreed to accept  |  | \$4,000.0                      |  |  |  |  |
|       | Prior to the filing of this statement I have received  |  | \$350.0                        |  |  |  |  |
|       | Balance Due  |  | \$3,650.0                      |  |  |  |  |
| 2.    | The source of the compensation paid to me was:   |  |                                |  |  |  |  |
|       | Debtor Other (s  | pecify)                                    |                                |  |  |  |  |
| 3.    | The source of the compensation paid to me is:  |  |                                |  |  |  |  |
|       | Debtor Other (s  | pecify)                                    |                                |  |  |  |  |
| 4.    | I have not agreed to share the above-disclosed commembers and associates of my law firm.   | pensation with any other person unless th  | ey are                         |  |  |  |  |
|       | I have agreed to share the above-disclosed compens members or associates of my law firm. A copy of th the people sharing in the compensation, is attached.                               |  |                                |  |  |  |  |
| 5.    | In return for the above-disclosed fee, I have agreed to re<br>a. Analysis of the debtor's financial situation, and re-<br>bankruptcy;  | -  |                                |  |  |  |  |
|       | b. Preparation and filing of any petition, schedules,  | statements of affairs and plan which may   | be required;                   |  |  |  |  |

- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

|   | CERTIFICATION                     |  |    |
|---|-----------------------------------|--|----|
| I certify that the foregoing is a complete stathe debtor(s) in this bankruptcy proceedings. | atement of any agreement or arran | ngement for payment to me for representation | of |
| 5/2/2016  | /s/ Yi                            | isroel Moskovits                             |    |

Signature of Attorney

Semrad Law Firm

Name of law firm

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Date

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

### Case 16-15041 Doc 1 Filed 05/02/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main UNITED STATES BANKBURGEY COURT Northern District of Illinois

| In re: | Bunton, Estella ;                          | Case No  | Case No                                |  |  |
|--------|--|--|--|--|--|
|        | Debtor(s)                                  | Chapter  | Ol autorio                             |  |  |
|        |  | Chapter  | Chapter13                              |  |  |
|        | VERIFICA                                   | ATION OF CREDITOR MATRIX                       | <b>(</b>                               |  |  |
|        | The above named Debtors hereby verify that | t the attached list of creditors is true and o | correct to the best of their knowledge |  |  |
|        |  |  |  |  |  |
| Date:  | 5/2/2016                                   | /s/ Bunton, Estella                            |  |  |  |
|        |  | Bunton, Estella                                |  |  |  |
|        |  | Signature of Debtor                            |  |  |  |
|        |  |  |  |  |  |
|        |  | <u>/s/</u>                                     |  |  |  |
|        |  | Signature of Joint Debto                       | r                                      |  |  |

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BK OF AMER P.O. Box 15026 Wilmington , DE 19801 USA

US EMPLOYEES CR UN 230 S DEARBORN ST STE 29 CHICAGO , IL 60604 USA

US Bank 425 Walnut Street Cincinnati , OH 45202 USA

US EMPLOYEES CR UN 230 S DEARBORN ST STE 29 CHICAGO , IL 60604 USA

RISE PO Box 101808 Fort Worth , TX 76185 USA

CBNA PO Box 6497 Sioux Falls , SD 57117 USA

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285 USA

OPPITY FIN 11 E Adams # 501 Chicago , IL 60603 USA

US EMPLOYEES CR UN 230 S DEARBORN ST STE 29 CHICAGO , IL 60604 USA

ASHRO 1515 S 21ST ST CLINTON , IA 52732 USA

BK OF AMER P.O. Box 15026 Wilmington , DE 19801 USA

SYNCB/SAMS CLUB 4125 WINDWARD PLAZA ALPHARETTA , GA 30005 USA Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main

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CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS , NV 89193 USA

Midnight Velvet 1112 7TH AVE POB 2821 Monroe , WI 53566 USA

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS, NV 89193 USA

CREDITONEBNK PO BOX 98872 LAS VEGAS , NV 89193 USA

CBNA PO Box 6497 Sioux Falls , SD 57117 USA

DSNB MACYS 9111 Duke Blvd Mason , OH 45040 USA

CITI-SHELL PO Box 6497 Sioux Falls , SD 57117 USA

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

CITIZENS FIN 188 Industrial Dr. # 128 Elmhurst , IL 60126 USA

Santander Consumer USA PO Box 961245 Fort Worth , TX 76161 USA

TD AUTO FINANCE PO BOX 9223 FARMINGTON HILLS , MI 48333 LISA Citibank PO Box 6500 Sioux Falls , SD 57117 USA

The University of Chicago Physicians Group 75 Remittance Drive # Suite1385 Chicago , IL 60675 USA

Americash Loans 1431 W Montrose Ave Chicago , IL 60613 USA

Mauer Law 123 W Madison St # 1500 Chicago , IL 60602 USA

Rise Credit 4150 International Plaza Suite 300 Fort Worth , TX 76109 USA

IRS 1 PO Box 7346 Philadelphia , PA 19101 USA

VILLAS OF CAMBRIDGE TOWNHOME OWNERS ASSOCIATION 175 N ARCHER Mundelein , IL 60060 USA

| Debtor 1 Estella   |  | 05/02/16 Entered 05/02/16<br>Button<br>Higher Page 67 of 76  | 6,16:53:32 Desc Main  |
|--|--|--|---|
| First Name   | estions for Reporting Purpos   |  |   |
| 16. What kind of debts do you have?  | 16a. Are your debts primari as "incurred by an individual No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primari obtain money for a busin investment.  ✓ No. Go to line 16c.  ✓ Yes. Go to line 17. | ly consumer debts? Consumer debt dual primarily for a personal, family, ly business debts? Business debts ness or investment or through the opyou owe that are not consumer debts.   | s are debts that you incurred to peration of the business or  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid tha funds will be available for distribution to unsecured creditors? | paid that funds will be avail  No.  Yes.   |  | ty is excluded and administrative expenses are .  |
| 18. How many creditors<br>do you estimate that<br>you owe?   | <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you<br>estimate your assets<br>to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  |   |
| 20. How much do you<br>estimate your<br>liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |
| Part 7: Sign Below For you   | and correct.  If I have chosen to file under or 13 of title 11, United States proceed under Chapter 7.  If no attorney represents me a fill out this document, I have of I request relief in accordance              | Chapter 7, I am aware that I may prosecute and I did not pay or agree to pay sor obtained and read the notice required with the chapter of title 11, United Statement, concealing property, or obcase can result in fines up to \$250,641, 1519, and 3571. | oceed, if eligible, under Chapter 7, 11,12, able under each chapter, and I choose to meone who is not an attorney to help me d by 11 U.S.C. § 342(b). Itates Code, specified in this petition. Otalining money or property by fraud in 1000, or imprisonment for up to 20 years, outed on |
|  | MM / D   | D/YYYY   | WINCE CO. L. C. C.  |

Case 16-15041 Doc 1 Filed 05/02/16 Entered 05/02/16 16:53:32 Desc Main Fill in this information to identify your case: **Bunton** Estella Debtor 1 Last Name Middle Name First Name Debtor 2 Last Name (Spouse, if filing) First Name Middle Name District of Illinois Northern United States Bankruptcy Court for the: (State) Case number (If known) Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Yes. Name of person Signature (Official Form 119).

Signature of Debtor 2

MM/DD/YYYY

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

that they are true and correct.

/skEstella Bunton

Signature of Debtor 1

MM/DD/YYYY

Date 5/2/2016

| Debtor 1        |  | e 16-15041         | Doc 1    | Filed 05/02/16  Document | Entered 05/02/16,16;53:32<br>Page 69 of 76                           | Desc Main                             |  |  |
|-----------------|--|--------------------|----------|--------------------------|--|---------------------------------------|--|--|
| 28. Wit<br>cred | 8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  |                    |          |                          |  |                                       |  |  |
|                 | No<br>Yes. Fill in the de  | etails below.      |          | Date issued              |  |                                       |  |  |
|                 | Name Number Stre   | et                 |          |                          |  |                                       |  |  |
|                 | City   | State              | Zip Code |                          |  |                                       |  |  |
|                 | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1 |                    |          |                          |  |                                       |  |  |
|                 | Dat  | e 5/2/2016         |          |                          | Date 5/2/2016  |                                       |  |  |
|                 | <b>you attach addit</b><br>No<br>Yes   | ional pages to You |          |                          | ndividuals Filing for Bankruptcy (Official Fo                        | rm 107)?                              |  |  |
| ليضا            | No<br>Yes. Name of per   | son                |          |                          | Attach the Bankruptcy Petition F<br>Declaration, and Signature (Offi | Preparer's Notice,<br>cial Form 119). |  |  |

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### UNITED STATES BANKRUPTOY OF OURT

Northern District of Illinois

| In re: | Bunton, Estella ;                          | Case No   |  |
|--------|--|---|--|
|        | Debtor(s)                                  | Chapter.  | Chapter13                                  |
|        | VERIFICA                                   | TION OF CREDITOR MATE   | RIX  |
|        | The above named Debtors hereby verify that | the attached list of creditors is true ar                     | nd correct to the best of their knowledge. |
| oate:  | 5/2/2016                                   | /s/ Bunton, Estella<br>Bunton, Estella<br>Signature of Debtor | Est & De.                                  |
|        |  | Isl<br>Signature of Joint De                                  | ebtor                                      |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
  - Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES F.

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350 toward the flat fee, leaving a balance due of \$ 3650 ; and \$ 70 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: April 18, 2016

Signed:

Estella Bunton

/s/Yisroel Y. Moskovits

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank. Yisroel Y. Moskovits